TOWN OR CITY OF chelmsford

Massachusetts Department of Public HealthDivision of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT							
Name Bram School	Date	Type of Operation(s)	Type of Inspection				
Address	10/25/17 Risk	Food Service	Routine				
Telephone 25 Mugle Rd	Level	Residential Kitchen	Re-inspection Previous Inspection				
		Mobile	Date:				
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness				
Person in Charge (PIC) Heather Makara	Time	Bed & Breakfast	General Complaint				
Inspector Mark Masiello	In: 10/30	Permit No.	☐ HACCP				
Each violation checked requires an explanation on the	Out:		U Other				
Tiolated.			specific provision(s) Non-compliance with:				
Violations Related to Foodborne Illness Interventions and	d Risk Factors	(Red Items) Anti-Cho					
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	equire immediat	te corrective Tobacco					
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination from	Hands				
1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH	- ☐ 13. Hand	lwash Facilities					
	PROTECTION	FROM CHEMICALS					
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additives					
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxid						
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potential)					
_		ring Temperatures	y nazardous Foods)				
	☐ 17. Rehe						
— Control and the state of the		_	- 1D				
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ing / und Cold Holding /00 H/	5/				
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	ind Cold Holding 100 41	10 320 360				
8. Separation/Segregation/Protection	□ 20. nme	As a Public Health Control					
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	POPULATIONS (HSP)				
10. Proper Adequate Handwashing							
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories	√				
/iolations Related to Good Retail Practices (Blue	Mumbanai	f Mininted Descript					
tems) Critical (C) violations marked must be corrected	To Foodbo	f Violated Provisions Rel orne Illnesses Interventio	ated				
mmediately or within 10 days as determined by the Board	and Risk F	Factors (Red Items 1-22):					
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board		der for Correction: Based					
of Health.	today, the i	tems checked indicate viol	ations of 105 CMR				
C N	590.000/Fed	deral Food Code. This repo	ort, when signed below				
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	order of the	of Health member or its ag Board of Health. Failure to	jent constitutes an				
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)	cited in this	s report may result in susp	ension or revocation of				
26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and ce:	ssation of food				
27. Physical Facility (FC-6)(590.007)	establishm	ent operations. If aggrieved	d by this order, you				
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submit	t to a hearing. Your reques ted to the Board of Health	t must be in writing				
29. Special Requirements (590,009)	within 10 da	ays of receipt of this order.	at the above address				
30. Other	DATE OF RI	E-INSPECTION.					
		1/3/Z	U15				
Inspector's Signature: My Marelly Print:	Mark	Anciella					
PIC's Signatures Heather Makara Print:		MILLERA	Page fof / Pages				

	Date: 10/25/17 Page: 2 of 2 VIOLATION / PLAN OF CORRECTION
C - Critical Item	CORRECTION

				Discu														R		No.
				ssion With P														R-4		Code Reference
				Discussion With Person in Charge:														1/6		R - Red Item
						-61H 816	Mark Masicillo coil phone		TONE TONE TONE THE PRIFECULAR STATES	Place the ceiling tiles hack	hade.	The certify tiles over the walking	This will need to take place over	frost cycle checked by the	ned into and consortely	onto the freezer floor causing	then the defiest	The freezel fun unitraside all -	PERSONAL PROPERTY.	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION
☐ Voluntary Disposal	□ Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:		2820			Sers 10/27/	the top of	M. Hereel Has Not	Liorzec has	Christm		The Unit	11/4	9005 01	the walkin freezer	ARL	PLAN OF CORRECTION
Other:	□ Emergency Closure	Emergency Suspension	Employee Restriction / Exclusion	O No Q Yes				7	17	freezerbeter	BCET		2	THE COMPONY.			2	i's Frozen		
		ion .	7	41		9			•										Net med	Date

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT										
Name Byan School	Date 5/3///8	Type of Operation(s)	Type of Inspection							
Address	Risk	Food Service	Routine Re-inspection							
Telephone 77% - Told Col	Level	Residential Kitchen	Previous Inspection							
Owner 7 251-5177 CAT 6443		Mobile Temporary	Date:							
10000 000 10000000000000000000000000000	HACCP Y/N	Caterer Suspect Illness								
Person in Charge (PIC) HEATHER MAKARA	Time	☐ Bed & Breakfast	General Complaint							
Inspector Mark Mastello	In: <i>′</i> の <i>③o</i> Out:	Permit No.	HACCP Other							
Each violation checked requires an explanation on the	narrative pag	re(s) and a citation of	specific provision/s							
Violated,			Non-compliance with:							
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-C	hoking 590.009 (E)							
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	quire immedia	te corrective Tobaco Allergo	590,009 (F) an Awaraness 590,009 (G)							
FOOD PROTECTION MANAGEMENT										
PIC Assigned / Knowledgeable / Duties		ention of Contamination from	n Hands							
EMPLOYEE HEALTH	☐ 13. Hand	lwash Facilities								
☐ 2. Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS								
3. Personnel with Infections Restricted/Excluded	☐ 14. Appr	oved Food or Color Additive:	5							
FOOD FROM APPROVED SOURCE	☐ 15. Toxid	Chemicals								
4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	lly Hazardous Foods)							
☐ 5. Receiving/Condition		ing Temperatures	,							
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	•								
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	•								
PROTECTION FROM CONTAMINATION		ind Cold Holding コノム 「	20 40							
8. Separation/Segregation/Protection		As a Public Health Control	•							
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBL	E POPUI ATIONS (HSP)							
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	SP							
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY								
	☐ 22. Posti	ng of Consumer Advisories								
Violations Related to Good Retail Practices (Blue	Number	f Violated Provisions Re	data d							
tems) Critical (C) violations marked must be corrected		orne Illnesses Interventi								
mmediately or within 10 days as determined by the Board	and Risk F	actors (Red Items 1-22)	:							
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		der for Correction: Base								
of Health.	today, the i	tems checked indicate vid	lations of 105 CMR							
CN	590.000/Fe	deral Food Code. This rep	ort, when signed below							
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its a	gent constitutes an							
24. Food and Food Protection (FC-3)(590,004)	cited in this	e Board of Health. Failure s report may result in sus	to correct violations							
1	the food es	tablishment permit and co	pension of feed							
26. Water, Plumbing and Waste (FC-5)(590,006)	establishm	ent operations. If aggrieve	ed by this order, you							
27. Physical Facility (FC-6)(590.007)	have a righ	t to a hearing. Your reque	st must be in writing							
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submit	ted to the Board of Health	at the above address							
29. Special Requirements (590.009)	within 10 da	ays of receipt of this orde	r.							
Control of the contro	DATE OF R	E-INSPECTION:								
Inspector's Signature: Man 1 M Print	-10	-1								
man or the first of the second		Masiello								
Pic's Signature: fleather, Makara Print:	HEATHER	2 MAKAIZIY	PageofPages							

Discussion With Person in Charge: 3 Item No. Establishment Name: Byam School Code Reference C - Critical Item R - Red Item TOWN OR CITY OF Chelmstora Year 40 the Shot down ite rolauxa bocsels on the have of the fan unit. the DESCRIPTION OF VIOLATION / PLAN OF CORRECTION the tan unit inside of the walk in treczes inside unit pest control Freezer PLEASE PRINT CLEARLY shut down, the 7/1/1/13 Date: 5/31/18 MUDWAD end ct dry storage Corrective Action Required: the Embargo Voluntary Disposal Re-inspection Scheduled Voluntary Compliance Same 135170 Near to COOK Page:_ ø 0 need 105+ Other: detecst Emergency Closure Emergency Suspension N_o Employee Restriction / 14 of 0 Yes N Date Verified

TOWN OR CITY OF Chelmsford

Massachusetts Department	of	Public	Health
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Division of Food and Drugs	Health										
FOOD ESTABLISHMENT INSPECTION REPORT											
Name Byam School	Date 12/10/18	Type of Operation(s) Food Service	Type of Inspection								
Address 25 Maple Rd	Risk										
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:								
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness								
Person in Charge (PIC) Hy) LKara	Time Bed & Breakfast General Com										
Inspector Mark Mastello	In: / ≥ . ' 4/5 Out: Permit No. ☐ HACCP ☐ Other										
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation of	specific provision(s								
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items)	Non-compliance with:								
action as determined by the Board of Health.	equire immediat	e corrective Tobacc									
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	12. Preve	ention of Contamination from	n Hands								
EMPLOYEE HEALTH	🗌 13. Hand	wash Facilities									
Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS									
☐ 3. Personnel with Infections Restricted/Excluded	14. Approved Food or Color Additives										
FOOD FROM APPROVED SOURCE	☐ 15. Toxic										
4. Food and Water from Approved Source		RATURE CONTROLS (Potential	lly Hazardous Foods)								
☐ 5. Receiving/Condition		ing Temperatures									
6. Tags/Records/Accuracy of Ingredient Statements		17. Reheating									
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooling										
PROTECTION FROM CONTAMINATION		nd Cold Holding 6.6	370/450								
■ 8. Separation/Segregation/Protection	☐ 20. Time / Property in the property in	As a Public Health Control									
9. Food Contact Surfaces Cleaning and Sanitizing Jeogram	REQUIREMEN	TS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	E POPULATIONS (HSP)								
☐ 10. Proper Adequate Handwashing			5P								
☐ 11. Good Hygienic Practices	CONSUMER A 22. Postir	DVISORY ng of Consumer Advisories									
Violations Related to Good Retail Practices (Blue	Number of	Violated Provisions Re	late d								
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health New Prince (N) and the second of Health New	To Foodbo	rne Illnesses interventionated Provisions Re actors (Red Items 1-22)	ons								
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Ord	der for Correction: Base	d on an inspection								
of Health.	today, the it	ems checked indicate vio	lations of 105 CMR								
23. Management and Personnel (FC-2)(590.003)	by a Board	leral Food Code. This repo of Health member or its a	ort, when signed below								
24. Food and Food Protection (FC-3)(580,004)	order of the	Board of Health, Failure t	to correct violations								
25. Equipment and Utensils (FC-4)(590,005)	cited in this	report may result in susp ablishment permit and ce	ension or revocation o								
26. Water, Plumbing and Waste (FC-5)(598.008) 27. Physical Facility (FC-6)(599.007)	establishme	ent operations. If aggrieve	d by this order you								
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a right	to a hearing. Your reques	t must be in writing								
29. Special Requirements (590.009)	and submitted to the Board of Health at the above address within 10 days of receipt of this order.										
30. Other	DATE OF RE	-INSPECTION: 12/28									
Inspector's Signature: 177 11. Prints											
Print:	Mark n	Masiello									

ĺ				scus											40	No.		Estal	
				sion With F											たし	Reference		blishment	
				iscussion With Person in Charge:											10/10	R - Red Item	C C-W	Establishment Name: Buth Ichoo!	TOWN
														replace the thing will supplied to	missing celling tiles inside	DESCRIPTION OF VIOLATION / PLAN O		Date:	TOWN OR CITY OF Chelmstard
Voluntary Disposal	□ Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:	13.60									tiles insine of t	CH	ARLY OF CORRECTION		12/10/18 Page:	
		ø	0											3			Ιi	D	
Other	Emergency Closure	Emergency Suspension	Employee Restriction /	No Q Y									182h1	14 thing Dis				of by	
		sion	on /	Yes									OP		•	Date Verified		1	

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health Division of Food and Drugs

pivision of Food and Dings											
FOOD ESTABLISHMENT INSPECTION REPORT											
Name Byam	0	ate //0/19	Type of Operation(s) Food Service	Type of Inspection Routine							
Address Maple Rd 25	R	isk	Retail	Re-inspection							
Telephone	L	evel	1 (-1)	Previous Inspection Date:							
Owner Town of Chelmstord	Н	ACCP Y/N	Temporary Calerer	Pre-operation Suspect Illness							
Person in Charge (PIC) Laura Bishop		ime 1:10:45	Bed & Breakfast	General Complaint HACCP							
Inspector Mark Masie 10	10	ut://: 2.5	Permit No.	□ Other							
Each violation checked requires an explanation o	n the na	rrative pag	e(s) and a citation of s	pecific provision(s							
violated,				Non-compliance with:							
Violations Related to Foodborne Illness Intervention Violations marked may pose an imminent health hazard action as determined by the Board of Health.	i and requ	ire immedial	te corrective Tobacco								
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		☐ 12. Previ	ention of Contamination from	Hands							
EMPLOYEE HEALTH		☐ 13. Hand	iwash Facilities								
Reporting of Diseases by Food Employee and PIC		PROTECTION	FROM CHEMICALS								
☐ 3. Personnel with Infections Restricted/Excluded		☐ 14. Appr	oved Food or Color Additives								
FOOD FROM APPROVED SOURCE		☐ 15. Toxio	Chemicals								
4. Food and Water from Approved Source		TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)									
☐ 5. Receiving/Condition		☐ 16. Cook	king Temperatures								
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 17. Rehe	eating								
☐ 7. Conformance with Approved Procedures/HACCP Pla	ns	☐ 18. Cooli	ing								
PROTECTION FROM CONTAMINATION		☐ 19. Hot a	and Cold Holding -16 4/	0 1440							
■ 8. Separation/Segregation/Protection		☐ 20. Time	As a Public Health Control								
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200	FPM	REQUIREMEN 21. Food	NTS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	POPULATIONS (HSP)							
10. Proper Adequate Handwashing		CONSUMER A	ADVICORY								
11. Good Hygienic Practices			ing of Consumer Advisories								
Violations Related to Good Retail Practices (Blue		Number of	f Violated Provisions Rel	ated							
tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Boar	rd	To Foodbo	orne liinesses interventio								
of Health. Non-critical (N) violations must be corrected			Factors (Red Items 1-22):								
mmediately or within 90 days as determined by the Boar of Health.	d	today, the i	der for Correction: Based tems checked indicate viol	on an inspection							
CN		590.000/Fe	deral Food Code. This repo	rt, when signed below							
23. Management and Personnel (FC-2)(590.003)		by a Board	of Health member or its ag	ent constitutes an							
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)		cited in this	e Board of Health. Failure to s report may result in susp	o correct violations ension of revocation o							
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)		the food es	stablishment permit and ces	ssation of food							
27. Physical Facility (FC-6)(590.007)		establishm	ent operations. If aggrieved t to a hearing. Your reques	l by this order, you							
28. Poisonous or Toxic Materials (FC-7)(590.008)		and submit	ited to the Board of Health:	t must be in writing at the above address							
29. Special Requirements (590.009)	•	within 10 da	ays of receipt of this order.								
30. Other		DATE OF R	E-INSPECTION:	,							
Inspector's Signature: Mach Maidle	Print:	Mark M	lusialk	T							
PIC's Signature: POLIAGE BAD	Print: (/	Mr. R.	e lo lo	Page / of / Pages							
FORM 734A A M SULKIN CO CHARLESTOWN, MA		WIW OR	SINC)	- age - or - rages							

Discussion With Person in Charge: Establishment Name:_ Reference C - Critical Item R - Red Item MONG TOWN OR CITY OF_ msps スナン tend and buttage are dry storage ok rode dates Sontre certifications are up to date Capitizer stations ok not water temps ox hand wash stations of Not The 46+ tood temps or trom School zmplentee i'h campliance Recycle and cleun 2018. Solution any rodests and hygient **DESCRIPTION OF VIOLATION / PLAN OF CORRECTION** 200 organized 34 trom Soliduluste 40 practics ap PLEASE PRINT CLEARLY approved Date:_ TOWNS 5/10/12 domps for 0 0 Corrective Action Required: Voluntary Compliance Re-inspection Scheduled Voluntary Disposal Embargo 5611620 Drogstinent 00 Page: 0 Emergency Closure **Emergency Suspension** Employee Restriction / Z o Exclusion of 2 0 Yes Date Verified

TOWN	OR	CITY	OF	-Chel	makord
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30. Other

Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	c Health		
Name Center School	Date 10/20/17	Type of Operation(s)	Type of Inspection
Address Billerica Rd	Risk	Food Service Retail	Routine Re-inspection
Telephone	Level	Residential Kitchen	Previous Inspection
Owner Town of Chelms ford	HACCP Y/N	Mobile Temporary Caterer	Date: Pre-operation Suspect Illness
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint
Inspector Mark Mysiello	In:/2/30	Permit No.	HACCP
Each violation checked requires an explanation on the violated.	Out:	remit No.	Other
			Specific provision(: Non-compliance with:
Violations Related to Foodborne Illness Interventions an	d Risk Factors	(Red Items) Anti-C	hoking 590.009 (E)
Violations marked may pose an imminent health hazard and action as determined by the Board of Health.	require immediat	e corrective Tobac	5501000
FOOD PROTECTION MANAGEMENT	12 Prove	ention of Contamination from	I t t
☐ 1. PIC Assigned / Knowledgeable / Duties			n Hands
EMPLOYEE HEALTH		wash Facilities	
2. Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS	
3. Personnel with Infections Restricted/Excluded		oved Food or Calar Additives	3
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	Chemicals	
4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potentia	lly Hazardous Foods)
5. Receiving/Condition	☐ 16. Cook	ing Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea		
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	ng	41.3
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding / じんさ	370 340
■ 8. Separation/Segregation/Protection		As a Public Health Control	3, 2
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing	21. Food	and Food Preparation for H	SP (HBF)
☐ 11. Good Hygienic Practices	CONSUMER A	DVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health. C N	Number of To Foodbo and Risk F Official Ord today, the it	Violated Provisions Re rne illnesses Interventi actors (Red Items 1-22) der for Correction: Base ems checked Indicate vio leral Food Code. This rep	d on an inspection

by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590,003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590.008) and submitted to the Board of Health at the above address 29. Special Requirements (590.009) within 10 days of receipt of this order. DATE OF RE-INSPECTION:

Inspector's Signature: Mach Marcelli	Print: Mid Mesialla	
PIC's Signature: Handle Co. A	Print:	Page Of / Pages
FORM 734A AM SULVINCO CHARLESTOWN	Linda Maler	PageofPages

"helms ford BOARD OF HEALTH

				iscussion With Person in Charge:													15 K-4 N/C		Establishment Name:
				B :				hand wash station	Kitchen clean and sunitary	seturioration temps on	Hot tood temps on		12101	the PORG 64. 12/32/13	Call out the Eachs tram the	and beverage statage racus a	The walk in cooler floor tha	PLEASE PRINT CLEARLY PLEASE PRINT CLEARLY	tir School Date:
Voluntary Disposal	☐ Embargo	☐ Re-inspection Scheduled	☐ Voluntary Compliance	Corrective Action Required:									\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	103/1/ 11/20	11011	ase disty.	t is underneath	IRLY OF COMMECTION	10 26/17 Page:
Other	☐ Emergency Closure	☐ Emergency Suspension	Employee Restriction /	ONo OYes							13 21 Edves		CA //	sures and	1		in the find		2 10 2
	ГӨ	insion	tion /	Ü								9						Verified Verified	

TOWN OR CITY OF Chelmsford

Wassachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPORT			
Name Center School	Date 5/3//8	Type of Operation(s)	Type of Inspection
Address	5/3///8 Risk	Food Service	Routine
Telephone Billerica Rd 84	Level	Residential Kitchen	Re-inspection Previous Inspection
Owner Talls P Ch / /	114 000 1411	Mobile Temporary	Date: Pre-operation
Person in Charge (PIC) Alabatta D	HACCP Y/N	☐ Caterer	Suspect Illness
- Mull kerd a	Time In: 21/5	Bed & Breakfast	General Complaint HACCP
Inspector Mark Masiello	Out	Permit No.	
Each violation checked requires an explanation on the violated.	narrative pag	je(s) and a citation of	specific provision(s
Violations Related to Foodborne Illness Interventions and	d Diek Eastern	/B 1 14 \	Non-compliance with:
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	equire immediat	te corrective Tobacc	
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination from	1 Hande
1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH		wash Facilities	Titalius
_		FROM CHEMICALS	
 2. Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded 		oved Food or Color Additives	
FOOD FROM APPROVED SOURCE	☐ 15. Toxic		
4. Food and Water from Approved Source		RATURE CONTROLS (Potential	ly Hazardous Foods)
☐ 5. Receiving/Condition		ing Temperatures	, was a document
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	ating	
7. Conformance with Approved Procedures/HACCP Plans	🔲 18. Coolii	ng –	8
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding 148 4	20 48 380
8. Separation/Segregation/Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY SUSCEPTIBLE	POPULATIONS (HSD)
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for HS	P
☐ 11. Good Hygienic Practices	CONSUMER AI ☐ 22. Postin	DVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue			
Items) Critical (C) violations marked must be corrected	Number of To Foodbo	Violated Provisions Rel rne Illnesses Intervention	ated
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	and Risk F	actors (Red Items 1-22):	
immediately or within 90 days as determined by the Board	Official Ord	der for Correction: Based	on an inspection
of Health,	today, the it	ems checked indicate viol	ations of 105 CMP
23. Management and Personnel (FC-2)(590,003)	by a Board (leral Food Code. This repo of Health member or its ag	ent constitutes an
24. Food and Food Protection (FC-3)(590,004)	order of the	Board of Health. Failure to	o correct violations
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food est	report may result in susp ablishment permit and ce	ension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishme	nt operations. If aggrieved	by this order you
28. Poisonous or Toxic Materials (FC-7)(590,008)	nave a right	to a hearing. Your reques ed to the Board of Health	t must be in writing
29. Special Requirements (590.009)	within 10 day	ys of receipt of this order.	at the above address
30. Other	DATE OF RE	INSPECTION: 6/5//	
		4/5//	
Inspector's Signature: Mach Mach 166 Print:	Mark M	acie lla	
PIC's Signature: Mchille Rage Print:	Michelle 7	P. DOZ #	Page
FORM 734A AM. SULKIN CO CHARLESTOWN MA	VVCIOIDE	THE THE PARTY OF T	

			discuss										46	Item No.	Estab	
			ion With P										F<~6	Code Reference	lishment	
			Discussion With Person in Charge:									,	N/a	C - Critical Item R - Red Item	Establishment Name: Center School	
Q Voluntary Disposal	☐ Embargo	Coluntary Compliance Re-inspection Scheduled	Corrective Action Required:		poies to degas	end of the school	all and when it part is unshed still looks disty. Remove		Start Surreply and wapping today.	employees who are contracted to clean the fibers	charle frok in met land of all of	office fla	The walkin cooler floor is dirty.	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY		The land
			0			. 154	20			26	.	2				
Other	Emergency Closure	Employee Restriction / Exclusion Emergency Suspension	No			++ +he	the			need to		15/18	8		2 04	
	Closu	testrict Suspe	E												N	
	rj	tion / nsion	Yes				12.5	MAN IN	3	P	1	0/8/10		Date Verified		

TOWN OR CITY OF <u>Chelmsford</u>

Massachusetts	Department of	Public	Health
	-		to the state of the River of the State of th

iviassachusetts Department of Publ	ic Health	12							
Division of Food and Drugs									
FOOD ESTABLISHMENT INSPECTION REPORT									
Name South Row School Conter	Date 1 2/7/18	Type of Operation(s) Food Service	Type of Inspection						
84 Billerica VA	Risk	Retail	Re-inspection						
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:						
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness						
Person in Charge (PIC) Mi While Report	Time	☐ Bed & Breakfast	General Complaint						
inspector Mark Masiella	In://·SC	Permit No.	HACCP Other						
Each violation checked requires an explanation on the violated.	e narrative pag	e(s) and a citation of	specific provision(s						
Violations Related to Foodborne Illness Interventions a			Non-compliance with:						
and state of the s	require immediat	(Red Items) Anti-Cite Corrective Tobacc	hoking 590,009 (E)						
action as determined by the Board of Health,	Todana (IIIII)	Allerge	590,009 (F) an Awareness 590,009 (G)						
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Dutles	☐ 12. Preve	ention of Contamination from	m Hands						
EMPLOYEE HEALTH		wash Facilities							
	PROTECTION	FROM CHEMICALS							
The state of the s		oved Food or Color Additives	•						
22 of Friday and Anna Machinia Mestingled/Excluded	15. Toxic		,						
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		ATURE CONTROLS (Potentia	Hotte to -						
5. Receiving/Condition		ing Temperatures	ily mazardous Foods)						
Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehea	-							
		•							
The second man approved Procedures/MACCP Plans	☐ 18. Coolis	ng	742 412 1100						
PROTECTION FROM CONTAMINATION	□ 19. Hot ar	nd Cold Holding 139	330 70 .						
8. Separation/Segregation/Protection		20. Time As a Public Health Control							
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENT	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 21. Food and Food Preparation for HSP							
☐ 10. Proper Adequate Handwashing	□ 21. F000 i	and rood Preparation for H	SP						
11. Good Hygienic Practices	CONSUMER AT 22. Postin	DVISORY ng of Consumer Advisories							
Violations Related to Good Retail Practices (Blue	Membanas	W-1-4 1 B							
Items) Critical (C) violations marked must be corrected	To Foodbo	Violated Provisions Re rne Ilinesses Intervention	lated						
immediately or within 10 days as determined by the Board	and Risk F	actors (Red Items 1-22)	ons O						
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Ord	der for Correction: Base	d on an inspection						
of Health.	today, the it	ems checked indicate vio	lations of 105 CMP						
C N	by a Board	eral Food Code. This rep of Health member or its a	ort, when signed below						
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	order of the	Board of Health, Failure t	gent constitutes an						
24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005)	cited in this	report may result in susp	ension or revocation of						
26. Water, Plumbing and Waste (FC-5)(590,006)	the food est	ablishment permit and ce	ssation of food						
27. Physical Facility (FC-6)(590,007)	have a right	nt operations. If aggrieve to a hearing. Your reques	d by this order, you						
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitte	ed to the Board of Health	at the above address						
29. Special Requirements (590.009)	within 10 day	ue of receipt of this and an							
	DATE OF RE	-INSPECTION: 12/13	118						
Inspector's Signature: Mach Markeller Print	Mark	Masiella							
PIC's Signatures M. Challa R. Print	Michille		Page /of / Pages						
FORM 734A A.M. SULKIN CO. SHABLESTOWN, MA	MILIAINE	Rypera	1 ngc / vi _ rages						

Date: 12/41/8 Page: 2 of 2 PTION OF VIOLATION / PLAN OF CORRECTION PLANSE PRINT CLEARLY VERIFIED ALEXANDER A CATALLAN FROM MEMBER of MANY A CANTALLAN FROM MEMBER OF MANY CLEARLY AND ASSESSED AND ASS		Jiscus	Esta litem
OR CITY OF Chillestond OR CITY OF Chillestond Date: 12/21/8 Page: 2 of 2 Description of VIOLATION I PLAN OF CORRECTION The fold Service dispartment Assessment cleans. The fold Service must be appartment Assessment cleans. Lead service must be appartment this kinchen. Lead service must be appartment this kinchen. Lead service must be appartment this kinchen. Lead service a certified by 12-2-18 with the appartment of the appartment		sion With P	Code Reference
OR CITY OF Chillestond OR CITY OF Chillestond Date: 12/21/8 Page: 2 of 2 Description of VIOLATION I PLAN OF CORRECTION The fold Service dispartment Assessment cleans. The fold Service must be appartment Assessment cleans. Lead service must be appartment this kinchen. Lead service must be appartment this kinchen. Lead service must be appartment this kinchen. Lead service a certified by 12-2-18 with the appartment of the appartment		erson in Charge	Name: Saute C - Critical Item R - Red Item
Date Verified Contribut Recurrent Verified Recurrent Verified The moster Moster Employee Restriction / Exclusion Emergency Suspension Emergency Closure O Other:	Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal	Also the night bi- Metal Thermoneter is a consequence with the new Food code. I must be replaced by a new restant food by a ninstant food by 17-12-18	PTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY (partiment fines not have a ating this kitchen by 12-12- s schook in tehen by 12-12- s schook in tehen by 12-12- s schook in tehen by 12-12-
Date Verified Verified		the inone	Restrice
	iction / pension :ure	Yes	

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs			
FOOD ESTABLISHMENT INSPECTION REPORT			
Name Center School	Date 5/6/19	Type-of Operation(s) Food Service	Type of Inspection
Address 84 Billerica Rd	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) Michelle Repaza	Time	Bed & Breakfast	General Complaint
Inspector Mark Massells	In/0/45 Out: //:35	Permit No.	HACCP Other
Each violation checked requires an explanation on the	e narrative page	ge(s) and a citation of	specific provision/s
			Non-compliance with:
Violations Related to Foodborne Illness Interventions a Violations marked may pose an Imminent health hazard and	nd Risk Factors	(Red Items) Anti-Ci	hoking 590.009 (E)
action as determined by the Board of Health.	i require immedia	te corrective Tobacc Allerge	590.009 (F) an Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Prevenue.	ention of Contamination from	n Hands
EMPLOYEE HEALTH	☐ 13. Hand	dwash Facilities & K	
Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS	
Personnel with Infections Restricted/Excluded	🗌 14. Аррг	oved Food or Color Additives	5
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	: Chemicals	
4. Food and Water from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potential	lly Hazardous Foods)
5. Receiving/Condition		ting Temperatures	·
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	
7. Conformance with Approved Procedures/HACCP Plans	🔲 18. Cool	ing	
PROTECTION FROM CONTAMINATION	🔲 19. Hot a	and Cold Holding 154 15	70 35 -7
☐ 8. Separation/Segregation/Protection	🗌 20. Time	As a Public Health Control	
☐ 9. Food Contact Surfaces Cleaning and Sanitizing 200 Aff	I/D REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE	E POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing	27. F00d	and Food Preparation for H	SP
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Mumbaaa	f Ministration 1 to 1	
Items) Critical (C) violations marked must be corrected	To Foodbo	f Violated Provisions Re orne Illnesses Intervention	lated
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	and Risk F	actors (Red Items 1-22)	: -
immediately or within 90 days as determined by the Board	Official Or	der for Correction: Base	d on an inspection
of Health.	today, the ii 590.000/Fer	tems checked indicate vio deral Food Code. This rep	lations of 105 CMR
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its a	gent constitutes an
24. Food and Food Protection (FC-3)(590,004)	order of the	Board of Health. Failure 6	to correct violations
25. Equipment and Utensils (FC-4)(590.005)	the food es	s report may result in susp tablishment permit and ce	ension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishme	ent operations. If aggrieve	d by this order, you
28. Poisonous or Toxic Materials (FC-7)(590,008)	have a right	t to a hearing. Your reques ted to the Board of Health	st must be in writing
29. Special Requirements (590,009)	within 10 da	ays of receipt of this order	at the above address
30. Other	DATE OF RE	E-INSPECTION: 6/6//	
Inspector's Signature: Mark Marially Prin	i: Made m		
PIC's Signatures A	1.1012 11/0	isiello	+
FORM 734A AM SULKIN CO CHARGESTOWN AM	t: Michalk	Kepuza	PageofPages

				scus																	item No.	Esta		
				ssion With P															(6)	570.009	Code Reference	Establishment Name:		
				scussion With Person in Charge:																0	C - Critical Item R - Red Item	Cent	TOWN	
Q Voluntary Disposal	G Embargo	₩ Re-inspection Scheduled	Voluntary Compliance	e: Corrective Action Required:				MSDS sheets by	the sign of day rodusts	day storage ox	That water temps on	Good employee hysienic practices	storage ox	Spoitizer	1/1/	afrigeration temps or	Hot food temps of	 3	raen Annieness Certification must	The olleran awallows contification is out	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Fes School Date: 5/6/19	TOWN OR CITY OF Chelmsford	
		0	0	0															3	2		Page:_		
Other:	l Emergency Closure		Employee Restriction /	No A Yes															compliance	1 compliance		2 of 2	ì	
		sion	n/	ch																	Date Verified			

TOWN OR CITY OF Chelms Pord

Massachusetts Department of Public Health

Division of Food and Drugs	Health							
FOOD ESTABLISHMENT INSPECTION REPORT								
Name Chelms-Pord High School Address 700 Richardson Rd Telephone	Date ///29//7 Type of Operation(s)	Type of Inspection L-Routine Re-inspection Previous Inspection Date:						
Owner Town of Chelmsford	HACCP Y/N Temporary Caterer	Pre-operation Suspect Illness						
Person in Charge (PIC) Lean Perry	Time Bed & Breakfast	General Complaint						
Inspector Mark Masiello	In: 9, 45 Out: Permit No.	HACCP Other						
Each violation checked requires an explanation on the violated.	arrative page(s) and a citation of							
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	quire immediate corrective Tobac	Non-compliance with: Chaking 590,009 (E) to 590,009 (F) ten Awareness 590,009 (G)						
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	12. Prevention of Contamination fro	m Hands						
EMPLOYEE HEALTH	☐ 13. Handwash Facilities							
☐ 2. Reporting of Diseases by Food Employee and PIC	PROTECTION FROM CHEMICALS							
3. Personnol with Infections Restricted/Excluded	14. Approved Food or Color Additive	\$						
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	☐ 15. Toxic Chemicals TIME/TEMPERATURE CONTROLS (Potential)	ally Hazardous Foods)						
☐ 5. Receiving/Condition	☐ 16. Cooking Temperatures	•						
☐ 6. Tags/Records/Accuracy of Ingredient Statements	17. Reheating							
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooling — 10	380						
PROTECTION FROM CONTAMINATION	□ 18. Cooling $-10 380$ $\overline{}$ 19. Hot and Cold Holding $380 158 1248 1430$							
8. Separation/Segregation/Protection	☐ 20. Time As a Public Health Control							
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)							
☐ 10. Proper Adequate Handwashing	21. Food and Food Preparation for H	ISP						
☐ 11. Good Hygienic Practices	CONSUMER ADVISORY ☐ 22. Posting of Consumer Advisories							
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board of Health.	Number of Violated Provisions Re To Foodborne Illnesses Intervent and Risk Factors (Red Items 1-22 Official Order for Correction: Base today, the Items checked Indicate violated to the South of South o	ions): ed on an inspection olations of 105 CMR port, when signed below agent constitutes an to correct violations pension or revocation of essation of food ed by this order, you est must be in writing at the above address						
Inspector's Signature: Mark Marcell Print:	Mark Masiello							

Inspector's Signature: Manh Maille	Print: Mark Masiello	
PIC's Signature: Local Rem	Print: Loch Perry	Page / of / Pages
FORM 774A AM CHEMIN CO. CHARLEST AND THE	- Breeze City	

1 4 to 1 sense		Item No.	Estab
عمل الني		Code Reference	Establishment Name:_
tou and Kathleen Twill be oft on		C - Critical Item R - Red Item	TOWN
en from fueltites this invanth. Re-inspection Scheduled	Hot find temps one cold four temps one hand week station one stry enated station one stry enated station one stry enated station on the station of any space one has enated station on the station of any space one facility needs more definished in practices. The facility needs more definished in space safety, it also med to talk on removing all of the howen equipment from the pitchen and steruse soon.	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY V	TOWN OR CITY OF Chelms And Chelms and High School Date: 11/29/17 Page: 2 of 2
on /		Date Verified	

TOWN OR CITY OF Chelmstard

Massachusetts I	Department of	Public	Health
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Division of Food and Down	ricalli								
Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT									
Name of Control of Con	D								
Chelinsford High School	Date 4/15/18	Type of Operation(s) Grant Food Service	Type of Inspection Routine						
Address 200 Richardson Rd	Risk	Retail	Re-inspection						
Telephone	Level	Residential Kitchen	Previous Inspection						
		Mobile Temporary	Date:						
Owner Town of Chelms ford	HACCP Y/N	☐ Caterer	Suspect Illness						
Person in Charge (PIC)	Time	Bed & Breakfast	General Complaint						
Inspector Mark Masie 16	In: 10 (20) Out:	Permit No.	HACCP Other						
Each violation checked requires an explanation on the	narrative pag	je(s) and a citation of	specific provision(s)						
Violations Bolated to Foodbarns Illinois Intercentions and		15 111 1	Non-compliance with:						
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re	KISK Factors	(Red Items) Anti-ci	hoking 590,009 (E) 590,009 (F)						
action as determined by the Board of Health.	edane miliente		an Awareness 590.009 (G)						
FOOD PROTECTION MANAGEMENT	□ 12. Prev	ention of Contamination from	n Hands						
☐ 1. PIC Assigned / Knowledgeable / Duties		dwash Facilities							
EMPLOYEE HEALTH	_	FROM CHEMICALS							
☐ 2. Reporting of Diseases by Food Employee and PIC									
☐ 3. Personnel with Infections Restricted/Excluded		roved Food or Color Additive	S						
FOOD FROM APPROVED SOURCE	☐ 15. Toxid	c Chemicals							
4. Food and Water from Approved Source	TIME/TEMPE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)							
☐ 5. Receiving/Condition	☐ 16. Cool	king Temperatures							
6. Tags/Records/Accuracy of Ingredient Statements	🗌 17. Rehe	ating	150						
☐ 7. Conformance with Approved Procedures/HACCP Plans	□ 18. Cool	ing 100 15-3	370 370						
PROTECTION FROM CONTAMINATION	☐ 19. Hot	eating ling /4/0 ⁽⁵⁻³ and Cold Holding 3 & 6 .	20 380 370						
	□ 20 Time	As a Public Health Control	· Carrier -						
8. Separation/Segregation/Protection			E PORI II ATIONS (USD)						
9. Food Contact Surfaces Cleaning and Sanitizing Zeo gran		REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 21. Food and Food Preparation for HSP							
10. Proper Adequate Handwashing	CONSUMER	ABUICODY							
☐ 11. Good Hyglenic Practices		ing of Consumer Advisories							
Violations Related to Good Retail Practices (Blue	Number a	of Violated Descriptions D	alasa d						
Items) Critical (C) violations marked must be corrected		of Violated Provisions Re orne Illnesses Intervent							
immediately or within 10 days as determined by the Board		Factors (Red Items 1-22							
of Health. Non-critical (N) violations must be corrected		rder for Correction: Base							
immediately or within 90 days as determined by the Board of Health.	today, the	items checked indicate vi	olations of 105 CMR						
CN	590.000/Fe	ederal Food Code. This rep	port, when signed below						
23. Management and Personnel (FC-2)(590,003)		d of Health member or its are Board of Health. Failure							
24. Food and Food Protection (FC-3)(590.004)	cited in thi	is report may result in sus	spension or revocation of						
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food e	stablishment permit and o	essation of food						
27. Physical Facility (FC-6)(590.007)		nent operations. If aggriev							
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submi	ht to a hearing. Your reque itted to the Board of Healt	est must be in writing						
29. Special Requirements (590.009)		lays of receipt of this orde							
30. Other		RE-INSPECTION:							
*									
Inspector's Signature: Mach Mackell Print:	Marki	Masielles							
PIC's Signature: Leah Renn Print:	/	0	Page / of / Pages						
FORM 734A A.M. SULKIN CO CHARLESTOWN MA	NUM	TEXT							

		NWOT	TOWN OR CITY OF Chelmsford			E.	
Est	ablishment	Establishment Name: (AelroPard	High School Date:	6/15/18 P	Page:_	2 of	12
No.	Code	R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	LAN OF CORRECTION			Date Verified
			Hot find temps on				
			cold tood temps on				
			190 CK				
			ingerated				=
			hand wash station or				
			3 Bay SIME OK				
			certifications are up to date				
			No sign of any rodents				
			ruse are from an	approved source	Ì		
			sanitiver ppm ox				
			msps sheets				
			good employee hygienic practices				
1							
					-	1	
jscı	Ission With	iscussion With Person in Charge:	Make sure that the cleaning	Corrective Action Required:	- C	No	Yes
6	Lusarus I	remailes the		Voluntary Compliance	_		Employee Restriction / Exclusion
1				Re-inspection Scheduled	ä		Emergency Suspension
				□ Embargo	0	Emergency Closure	Closure
				D Voluntary Disposal		Other	

TOWN OR CITY OF Chelms Pord

Massachusetts Department of Public Health

FOOD ESTABLISHMENT INSPECTION REPORT											
Name	Date	Type of Operation(s)	Type of Inspection								
Chelins ford High School	12/19/15	Food Service	☑ Routine								
Address 200 Richardson Rd	Risk Level	Retall Residential Kitchen	Re-inspection Previous Inspection								
Telephone	Level	Mobile	Date:								
Owner Town of Chelms ford	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness								
Person in Charge (PIC) (18/12 De YO 100 >	Time	Bed & Breakfast	General Complaint								
	In: 10:00	Permit No.	HACCP								
Inspector Mark Masic III	Out:		Other								
violated.	manrative pag	je(s) and a citation of	Non-compilance with:								
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-ch									
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immedia		50 590.009 (F) on Awareness 590.009 (G)								
FOOD PROTECTION MANAGEMENT	☐ 12. Prevenue.	ention of Contamination fron	n Hands								
☐ 1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	dwash Facilities									
EMPLOYEE HEALTH		FROM CHEMICALS									
2. Reporting of Diseases by Food Employee and PIC	□ 14. Аррг	oved Food or Color Additives	š								
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		,								
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potential	Ilv Hazardoue Foodel								
_	_	king Temperatures	, , , , , , , , , , , , , , , , , , ,								
	□ 47 Daka										
	☐ 18. Cool	ing 410	151 350								
7. Conformance with Approved Procedures/HACCP Plans	☐ 10. 000r	ling 40° 40° and Cold Holding 10° 40°	0 400 158								
PROTECTION FROM CONTAMINATION	☐ 19. 110t a	As a Dublic Health Control									
8. Separation/Segregation/Protection		AS a Public Health Control									
9. Food Contact Surfaces Cleaning and Sanitizing 206 6	21. Food	NTS FOR HIGHLY SUSCEPTIBL I and Food Preparation for H	E POPULATIONS (HSP)								
☐ 10. Proper Adequate Handwashing											
11. Good Hygienic Practices	CONSUMER A ☐ 22. Posti	ADVISORY ing of Consumer Advisories									
Violations Related to Good Retail Practices (Blue	Number o	of Violated Provisions Re	elated								
Items) Critical (C) violations marked must be corrected		orne Illnesses Interventi									
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22)									
immediately or within 90 days as determined by the Board	Official O	rder for Correction: Base	ed on an inspection								
of Health.	590.000/Fe	items checked indicate videderal Food Code, This rep	Diations of 105 CMR Bort, when signed below								
23. Management and Personnel (FC-2)(590.003)	by a Board	l of Health member or its a	agent constitutes an								
24. Food and Food Protection (FC-3)(590.004)		e Board of Health. Failure									
25. Equipment and Utensils (FC-4)(590,005)	the food es	s report may result in sus stablishment permit and co	pension or revocation o								
26. Water, Plumbing and Waste (FC-5)(590.006)	establishm	nent operations. If aggrieve	ed by this order, you								
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a righ	nt to a hearing. Your reque	st must be in writing								
29. Special Requirements (590,009)		tted to the Board of Health lays of receipt of this orde									
30. Other											
Inspector's Signature: Mach Machelle Print:	Mark	Masiello									
PIC's Signature: Print:	* * * * * * * * * * * * * * * * * * * *	LP YOUNG	PageofPages								
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into the c	needs to	sion With F														Code Reference	olishment	
W Snace	be 7	Discussion With Person in Charge:														C - Critical Item R - Red Item	Name: Chel	TOWN
	se moved from the employee	The gran leaf gran station			lase ale from an	hugienic of	dates or	124	dearth pro	any rodents	Pigerated Stel	AN STORAGE OF THE STORAGE OF	150		Certifications are up to date	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION	Establishment Name: Chelms Fird High School Date:	TOWN OR CITY OF Chelms Acd
G Embargo	Re-inspection Scheduled	orrective Action Required:			approved source											PLAN OF CORRECTION	Date: 12/19/18 Page:	
☐ Emergency Closure	Exclusion Exergency Suspension																2007	Į
ans	spension /	Yes														Date Verified	14	

TOWN OR CITY OF Lhelmsford

Massachusetts Department of Public Health

Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT	IICCIUI		
Name CHS	Date	Type of Operation(s)	Type of Inspection
	1/11/19 Risk	Food Service	4 Routine
du Kich Grason Rd	Level	Residential Kitchen	Re-inspection Previous Inspection
Telephone		Mobile	Date:
Owner Town of Chelmstord	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) Leslie De Young	Time	Bed & Breakfast	General Complaint
Inspector Mask Maskello 0	In: 10:40 Out: //:00	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation of	
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Antic	Non-compliance with: hoking 590,009 (E)
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immediat	te corrective Tobac	
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination fro	m Hands
☐ 1. PIC Assigned / Knowledgeable / Duties		Iwash Facilities	ur italios
EMPLOYEE HEALTH		FROM CHEMICALS	
 2. Reporting of Diseases by Food Employee and PIC 		oved Food or Color Additive	6
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxid		5
FOOD FROM APPROVED SOURCE		. Chemicals RATURE CONTROLS (Potentia	allo Managha an marata
4. Food and Water from Approved Source		ing Temperatures	my nazardous Foods)
5. Receiving/Condition	☐ 10. Cook		
6. Tags/Records/Accuracy of Ingredient Statements		•	
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cool	ing	a 39 34 37
PROTECTION FROM CONTAMINATION		_	
☐ 8. Separation/Segregation/Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE and Food Preparation for h	LE POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing	L, L 1. 1 000	and tood trabatation to t	IOF
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions R	plated
Items) Critical (C) violations marked must be corrected		orne Illnesses Intervent	
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	and Risk F	Factors (Red Items 1-22):
immediately or within 90 days as determined by the Board	Official Or	der for Correction: Bas	ed on an inspection
of Health.	590,000/Fe	tems checked indicate vi deral Food Code. This re	olations of 105 CMR
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its	agent constitutes an
24. Food and Food Protection (FC-3)(590.004)	order of the	Board of Health. Failure	to correct violations
25. Equipment and Utensils (FC-4)(590.005)	the food es	s report may result in sus tablishment permit and c	pension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006)	establishm	ent operations, If aggriev	ed by this order, you
27. Physical Facility (FC-8)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a righ	t to a hearing. Your reque	est must be in writing
29. Special Requirements (690,009)	and submit within 10 d	ted to the Board of Healt ays of receipt of this orde	h at the above address
30. Other	DATE OF R	E-INSPECTION: 9/8//	19
			/
Inspector's Signature: Man Manuelle Print:	Mark M	Pasiello	

Inspector's Signature: Man Manulh	Print: Mark Masiello	
PIC's Signature:	Print: Leslie De Yourse	PageofPages
COURT TAKE THE CHARLES OF STREET COTTONIAL TOP	7	

				iscus			3							125				35	No.	Estal	
				sion With P			FC-4							H-4				R-	Code Reference	Establishment Name:_	
				iscussion With Person in Charge:		(6							MC (MC	C - Critical Item R - Red Item	Name: CHS	TOWN
Voluntary Disposal Other:	☐ Emergency Closure	Re-inspection Scheduled	U Voluntary Compliance Employee Restriction /	Corrective Action Required: O No Yes	prep sink before the start of the 2019-2020 School Scason	This disposal must be siplaced as remailed from	Bith sink disposal on the land prepsine is proper-	TOIG- TOTAL SCASAN.	Have the worked done before the opening of the	both dools	and ceiling. Place new door gaskets on the bottom of	Have all of the rice	ice inside of the freezer.	two freezes walkin doors do not	checked for legis. Inch make the less of spen acoin line	but Udown the tun to unit and then ele	Also the back of the fan unit coils a	(1) The walk in cooler floor has a large build up it ree on	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY Verifi Verifi	Date: 6/11/19 Page: 2 of 2	TOWN OR CITY OF Chelmsford
-G1	-																		Date Verified		

TOWN OR CITY OF falilmington Chelmsford

Massachusetts Department of Public Health

Division of rood and Drugs			5
FOOD ESTABLISHMENT INSPECTION REPORT			
Name Camparat d	Date,	Type of Operation(s)	Type of Inspection
Address Address	10/27/17	Food Service	Routine
Telephone 170 Dalton Rd	Risk Level	Retail Residential Kitchen	Re-inspection Previous Inspection
	2000	Mobile	Date:
Owner Community ENI Town of ci	HACCP Y/N	Temporary Caterer	Pre-operation
Dame - 1 Ct (= 14/	Time	Bed & Breakfast	Suspect Illness General Complaint
Inspector Mark Masiallo	In: 10:45		HACCP
Each violation checked requires an explanation of violated.	Out:	Permit No.	Other
			specific provision(s)
Violations Related to Foodborne Illness Intervention	s and Risk Factors	(Red Items) Anti-ch	Non-compliance with:
Violations marked may pose an imminent health hazard action as determined by the Board of Health.	and require immedia	te corrective Tobacc	
FOOD PROTECTION MANAGEMENT	-		
☐ 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination from	n Hands
EMPLOYEE HEALTH		dwash Facilities	
☐ 2. Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS	
☐ 3. Personnel with Infections Restricted/Excluded		oved Food or Color Additives	i
FOOD FROM APPROVED SOURCE	☐ 15. Toxid	: Chemicals	
4. Food and Water from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potential	ly Hazardous Foods)
5. Receiving/Condition	☐ 16. Cook	ing Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	
☐ 7. Conformance with Approved Procedures/HACCP Plan	ns 🔲 18. Cool	ng	
PROTECTION FROM CONTAMINATION		and Cold Holding 360 -	70 410
8. Separation/Segregation/Protection		As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		ITS FOR HIGHLY SUSCEPTIBLE	F POPI II ATIONS (HED)
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for HS	SP
☐ 11. Good Hygienic Practices	CONSUMER A	IDVISORY	
2 The Good Hygicino Plactices		ng of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue	Marah are at		
tems) Critical (C) violations marked must be corrected	To Enadle	f Violated Provisions Rel orne Illnesses Intervention	lated
mmediately or within 10 days as determined by the Board	and Risk F	actors (Red Items 1-22):	ons O
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board	7.4F2225 - 61 - 3.762	der for Correction: Based	
of Health.	today, the i	tems checked indicate vio	lations of 105 CMP
C N	590.000/Fer	deral Food Code. This repo	ort, when signed below
23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004)	order of the	of Health member or its age Board of Health. Failure t	gent constitutes an
25. Equipment and Utensils (FC-4)(590.005)	cited in this	report may result in susp	ension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and ce	ssation of food
27. Physical Facility (FC-6)(590,007)	have a right	ent operations. If aggrieve t to a hearing. Your reques	d by this order, you
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submit	ted to the Board of Health	at the above address
29. Special Requirements (590.009)	Within 10 da	lys of receipt of this order.	1
	DATE OF RI	E-INSPECTION: ///7//	70
Inspector's Signature: May to Marielli	Print: Marky	Deciente	
PIC's Signature: Jude Texele Ce	Print: Gina Say	Masiello ndelli	PageofPages
don't are			The state of the s

TOWN OR CITY OF Wilmington

		ナンプ	Discus							7	}		76	No.	Esta
	<	Kitchen by	sion With F							12-6	1		12.71	Code Reference	blishment
		11/4/11	Discussion With Person in Charge:							11/5			MIC	C - Critical Item R - Red Item	Establishment Name: Community
	14	1/17	Remove all desks, T				to use the empty mash down for an a	This will let the day care program	in most ha	Sincep and map the floor.	/	Nolkin coder than	The walleron cooler floor is dirty.	DESCRIPTION OF VIOLATION / PLAN O	Education Date:_
Voluntary Disposal	Embargo	Re-inspection Scheduled	Corrective Action Required: Voluntary Compliance	1			12	beginning of the convins	0	11/7/17		sweed and mor the	4,	LAN OF CORRECTION	(0/37/17 Page:_
Other	Emergency Closure		No Employee Restric				450 9189	c/655 1	the			floor to			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	, th	sion	Yes					1/2	[]		£1/4/12	1/2	_	Date Verified	

TOWN OR CITY OF <u>Chelmsford</u>

real and a separation of a control real	Massachusetts	Department	of	Public	Healtl
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Division of Food and Drugs

FOOD	FSTARI ISHMENT	INSPECTION REPORT
I OOD	CO INDITIONALIA I	1149 PECHON REPORT

FOOD ESTABLISHMENT INSPECTION REPORT			
Name Community Education	Date (e/4/18	Type of Operation(s) Food Service	Type of Inspection
Address 170 Dollar Rd	Risk	Retali	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner T. P. C. I. D.	HACCP Y/N	Temporary	Pre-operation
Person in Charge (PIC)	Time	Caterer Bed & Breakfast	Suspect Illness
Inenertor 1/2 / andelli	In: 10130		General Complaint HACCP
- POUSIEIT	Out:	Permit No.	Other
Each violation checked requires an explanation o	n the narrative pag	e(s) and a citation of	
Violations Related to Foodborne Illness Interventio	ns and Risk Factors	(Red Items) Anti-ch	Non-compliance with: oking 590.009 (E)
Violations marked may pose an imminent health hazard action as determined by the Board of Health.	i and require immediat	e corrective Tobaco	
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fron	1 Hands
1. PIC Assigned / Knowledgeable / Duties		wash Facilities	
EMPLOYEE HEALTH		FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additives	
☐ 3. Personnel with Infections Restricted/Excluded	△15. Toxio		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potential	he Harandana Saada
5. Receiving/Condition		ing Temperatures	iy nazaroous roous)
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	_	
		•	
The state of the s		ng nd Cold Holding つりょくか	フダ
PROTECTION FROM CONTAMINATION	_		37
Separation/Segregation/Protection		As a Public Health Control	
Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE and Food Preparation for HS	E POPULATIONS (HSP)
10. Proper Adequate Handwashing			,
☐ 11. Good Hygienic Practices	CONSUMER A 22. Posti	ADVISORY ng of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue	Marmhan	EMpleted Day 11 D	
tems) Critical (C) violations marked must be corrected	To Foodba	f Violated Provisions Re orne Illnesses Intervention	
mmediately or within 10 days as determined by the Boar		actors (Red Items 1-22)	
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Boar	Official Or	der for Correction: Base	d on an inspection
of Health.	today, the r	tems checked indicate vio	lations of 105 CMR
C N 23 Management and Personnel (Se system and		deral Food Code. This rep of Health member or its a	ort, when signed below
23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004)	order of the	Board of Health. Failure	to correct violations
25. Equipment and Utensils (FC-4)(590.005)	cited in this	report may result in susp	ension or revocation of
, 26. Water, Plumbing and Waste (FC-5)(590.006)	tile 1000 62	tablishment permit and ce	ssation of food
27. Physical Facility (FC-6)(590.007)	have a right	ent operations. If aggrieve t to a hearing. Your reques	d by this order, you
28. Poisonous or Toxic Materials (FC-7)(590.008)		ted to the Board of Health	at the above address
29. Special Requirements (590.009)	within 10 da	avs of receipt of this order	
30. Other	DATE OF R	E-INSPECTION: 6/8//	8//
			0
Inspector's Signature: May Marielle	Print: Mark Ma	asie Un	
PIC's Signature: Lluc Stinelell	Print: Chna Sar		PageofPages

iscussion With Person in Charge: I talk the Director the mixe di told the Director that the getting cleaned daily.	O Also	mixe dioging the mixe dioging the treat to t	15 250613 b BLACE 51	No. Reference R-Red Item 77 FC-6 M/C 716 414	ablishment l
talked and showled e drappings and also the Flast has not been me Reinspe me Reinspe a Voluntary	the floors on not being cleaned to make sure that the floor coales,	hase of the walls in the Kit	out all of the racks and then may	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY ATALKON COCKER FLOCK IS ATTALY	thelmsford Date: 6/4/18
Corrective Action Required: No Q Yes	and also the 6/5/	of there sie who	p floor. 6/8/18	ORRECTION	Page: 2 of 2
sion	C &		15 K	Date Verified	

TOWN OR CITY OF <u>Chelms Pord</u>

Massachusetts Department of Public Health Division of Food and Drups

DIVISION OF FOOD and Drugs									
FOOD ESTABLISHMENT INSPECTION REPORT	-		*()						
Community Education	Date 12/11/18	Type of Operation(s) Food Service	Type of Inspection Routine						
Address 170 Dolten Rd	Risk	Retail	Re-inspection						
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:						
Owner Town of Chelins Port	HACCP Y/N	Temporary Caterer	Pre-operation						
Person in Charge (PIC)	Time	Bed & Breakfast	Suspect Illness General Complaint						
Inspector mark masicile	In: 10: 45	Permit No.	HACCP Other						
Each violation checked requires an explanation on the	narrative pac		necific provision/s						
violateu.			Non-compliance with:						
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Anti-ch							
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	quire immedia:		590,009 (F) Awareness 590,009 (G)						
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from	Hande						
1. PIC Assigned / Knowledgeable / Duties		lwash Facilities	rianas						
EMPLOYEE HEALTH		FROM CHEMICALS							
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additives							
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic								
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)							
☐ 5. Receiving/Condition	☐ 16. Cooking Temperatures								
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 17. Reheating							
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	☐ 18. Cooling							
PROTECTION FROM CONTAMINATION	△ 19. Hot a	19. Hot and Cold Holding 7° 36° 89° 104°							
☐ 8. Separation/Segregation/Protection		20. Time As a Public Health Control							
9. Food Contact Surfaces Cleaning and Sanitizing		REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)							
☐ 10. Proper Adequate Handwashing	21. Food	and Food Preparation for HS	P						
☐ 11. Good Hygienic Practices	CONSUMER								
	∐ 22. Posti	ng of Consumer Advisories							
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions Rel	ated						
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	To Foodbo	orne Illnesses Interventio	ons 7						
of Health. Non-critical (N) violations must be corrected		actors (Red Items 1-22):							
immediately or within 90 days as determined by the Board	Official Or	der for Correction: Based tems checked Indicate vio	on an inspection						
of Health.	590.000/Fe	deral Food Code. This repo	rt, when signed below						
23. Management and Personnel (FC-2)(590,003)	by a Board	of Health member or its ag	ent constitutes an						
24. Food and Food Protection (FC-3)(590.004)	orger of the	e Board of Health. Failure t s report may result in susp	o correct violations						
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and ce	ssation of food						
27. Physical Facility (FC-6)(590.007)	establishm	ent operations, If aggrieve	d by this order, you						
28. Poisonous or Toxic Materials (FC-7)(590,008)	and submit	it to a hearing. Your reques ited to the Board of Health	t must be in writing						
29. Special Requirements (590.009)	within 10 d	ays of receipt of this order.	20000						
30. Other	DATE OF R	E-INSPECTION: / Z// /	118V						
Inspector's Signature; Mark Mary 114 Print:	m. de m								
PIC's Signature: Print:	Mask M	isieno	Dave / or /n						
FORMAN (SECOND)	RIPPED	SMITH	PageofPages						

TOWN OR CITY OF Chelms fary

Discus			No.	Esta
sion With P	Sqn.004	540 203 3.165 11	Code Reference SSULIG	Establishment Name:_
Discussion With Person in Charge:		R)	C - Critical Item R - Red Item	Name: Community
	The Extensen when has been shut a constructive. The Community Education along in the Community Education along in the fines that have in the fortished passed in the finesh times times the finesh in the finesh times to several in the finesh times times to several in the finesh t	The PIC did not have know when it cannot to be been to the which it cannot to be been to the which it cannot to be been to and	DESCRIPTION OF VIOLATION PLEASE PRINT C Mact chase town was to he for he fore	unity Education Date: 1
Corrective Action Required: □ □ Voluntary Compliance □ □ Re-inspection Scheduled □ □ Embargo □ □ Voluntary Disposal □	the food to the consider the food Se	knowledge of her duties	ORRECTION - +imc - delivi	2/11/18 Page:
No Employee Restrict Exclusion Emergency Susp Emergency Closu	oraper Dupt	res l	deliver	2 00 4
Yes stion / ension			Date Verified	*

TOWN OR CITY OF Chelmstord

Massachusetts Department of Public Health

Division of Food and Drugs		1	(*)					
OOD ESTABLISHMENT INSPECTION REPORT		5.0						
Name Community Education School	Date 5/14/19	I Food Service	Type of Inspection Routine					
Address Dalton Rd 170	Risk		Re-inspection Previous Inspection					
Telephone	Level	Mobile	Date:					
Owner Community Ed School	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness					
Person in Charge (PIC) Colleen Smith	Time ///5	☐ Bed & Breakfast	General Complaint HACCP					
Inspector Mark Masiello	In:75-5 Out: //:45	Permit No.	Other					
Each violation checked requires an explanation on the	narrative pag	ge(s) and a citation of s						
violated. Violations Related to Foodborne Illness Interventions and	Diek Englass	(Dad Hama)	Non-compliance with:					
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immedia	te corrective Tobacco	• • • • • • • • • • • • • • • • • • • •					
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from	Hands					
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	lwash Facilities						
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS						
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additives						
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxid	c Chemicals						
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potential)	y Hazardous Foods)					
☐ 5. Receiving/Condition	16. Cooking Temperatures							
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheating							
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Cooling							
PROTECTION FROM CONTAMINATION	□ 19. Hot and Cold Holding 380 100							
8. Separation/Segregation/Protection	20. Time	As a Public Health Control						
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIBLE is and Food Preparation for HS						
☐ 10. Proper Adequate Handwashing		and rood rieparation for no	r					
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories						
/iolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected	To Foodbo and Risk I	of Violated Provisions Rel orne Illnesses Interventic Factors (Red Items 1-22):	ons					
mmediately or within 90 days as determined by the Board of Health. C N 23. Management and Personnel (FC-2)(590.003)	today, the 590.000/Fe	rder for Correction: Based items checked indicate vio deral Food Code. This repo d of Health member or its ag	lations of 105 CMR ort, when signed below					
24. Food and Food Protection (FC-3)(590.004)	order of th	e Board of Health. Failure t	o correct violations					
25. Equipment and Utensils (FC-4)(590,005)		s report may result in susp stablishment permit and ce						
26. Water, Plumbing and Waste (FC-5)(590.006)	establishm	ent operations. If aggrieve	d by this order, you					
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a righ	nt to a hearing. Your reques tted to the Board of Health	t must be in writing					
29. Special Requirements (590,009)		lays of receipt of this order						
30. Other		RE-INSPECTION:						
Inspector's Signature; Mark IN in Plant: Print:	17)	100 min 1/2						
PIC's Signature: //axh //articles Print:		Masiello 1 D Suith	Page / of / Pages					
THE COMPANY OF THE PROPERTY OF	CULLER							

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OR CITY OF Chelms ford

				Discus								Ų.		ı						No.	Esta
				ssion With P																Code Reference	blishment l
	-			Discussion With Person in Charge:																R - Red Item	Establishment Name: (ம்றுறம் புர்
					beginning of the ZOM- 2020 Sch	The dumpsters need to be in full	tram 2018. (All dismoster must	not in compliance by the Towns	The Solid Weste and Recycle Du	mins sheets ox	that and however are then on appr	Storas	GOM CK	30	1/10	3 bey sink ou	hand wash station on	Cold temps on	do but tood for talogs longs.	DESCRIPTION OF VIOLATION / PLAN OF	munity Education School Date: 51
Voluntary Disposal	Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:	hool Season	0017	be endised)	Tracility Depar	umpstels are		appliant soffice									AN OF CORRECTION	14/1/9 Page:
Other:	Emer	□ Eme		O No		7.		Annat	11:45					7							
ii	Emergency Closure	Emergency Suspension	Employee Restriction /	0		re		1													Z_ of _
	sure	pension	riction /	Yes																Date Verified	7

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD	FSTAR	ISHMENT	INSPECTIC	N REPORT
FUUD	COIMDL	.IONIVIEN I	INSPECTIC	IN KEPUK

FOOD ESTABLISHMENT INSPECTION REPORT			
Name Harring ton School	Date 10/25/17	Type of Operation(s)	Type of Inspection
Address	Risk	Retail	Re-inspection
Telephone Rizh serds en 124	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner Town of Chelmstord	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
Person In Charge (PIC) Alligan Elliott	Time In://:45	Bed & Breakfast	General Complaint HACCP
Inspector Mark Masiella	Out:	Permit No.	Other
Each violation checked requires an explanation on the violated.			specific provision(s) Non-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	Risk Factors equire immedia	te corrective Tobaco	hoking 590,009 (E) co 590,009 (F) en Awareness 590,009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		ention of Contamination from	m Hands
EMPLOYEE HEALTH	_	FROM CHEMICALS	
☐ 2. Reporting of Diseases by Food Employee and PIC			_
☐ 3. Personnel with Infections Restricted/Excluded	_	oved Food or Color Additives	S
FOOD FROM APPROVED SOURCE		Chemicals	40 14 4
4. Food and Water from Approved Source	_	RATURE CONTROLS (Potentia king Temperatures	illy Hazardous Foods)
5. Receiving/Condition	☐ 17. Rehe	•	
6. Tags/Records/Accuracy of ingredient Statements	☐ 18. Cool	-	
7. Conformance with Approved Procedures/HACCP Plans		and Cold Holding 🏽 🍪 🥌	100 11/10
PROTECTION FROM CONTAMINATION		As a Public Health Control	
8. Separation/Segregation/Protection			
 9. Food Contact Surfaces Cleaning and Sanitizing 10. Proper Adequate Handwashing 	21. Food	NTS FOR HIGHLY SUSCEPTIBL I and Food Preparation for H	LE POPULATIONS (HSP)
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories	
Violations Related to Good Retail Practices (Blue Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	To Foodb and Risk Official O	of Violated Provisions Recorded Illnesses Intervent Factors (Red Items 1-22 Interfer For Correction: Base	ions '): ed on an inspection
of Health. C N 23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009) 30. Other	590.000/Fe by a Board order of th cited in thi the food extablishm have a righ and submi	items checked indicate villederal Food Code. This replay of Health member or its are Board of Health. Failure is report may result in susstablishment permit and chent operations. If aggrievant to a hearing. Your requested to the Board of Health lays of receipt of this order ELINSPECTION:	port, when signed below agent constitutes an a to correct violations spension or revocation of the constitution of the constit
Inspector's Signature: Mark March Print: PIC's Signature: 100 124 Print:	Markn	105/2/10	Down is the
Collist Fully Prints	ALISO	n Elliott	Page / of / Pages

		iscus							56	item No.	Esta
	,	sion With P							43	Code Reference	Establishment Name:
		scussion With Person in Charge:			7,				n//c	C - Critical Item R - Red Item	
Embargo Voluntary Disposal	Voluntary Compliance Exclusion Exclusion Re-inspection Scheduled Financial	Corrective Action Required: Q No Q		Locy ared by 1/2/18 of the Chief of the Server of	Su program reeds to work with the	because it is not an appraised starge area.	just remove all of th	Dull out the backs and clean the floor by 10/30/17	he walkin cooler floo	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	TOWN OR CITY OF Chelmsford Page: 2 of Date: 10/25/17 Page: 2 of Date: 10/25/17
Jre	clion /	Yes					0			Date Verified	h

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs											
FOOD ESTABLISHMENT INSPECTION REPORT											
Name Harrington School	Date 6/1/18		Type of Inspection Routine								
Address Richardson Rd 126	Risk	Retail i	Re-inspection								
Telephone	Level	☐ Mobile	Previous Inspection Date:								
Owner Town of Chelmsford.	HACCP Y/N	Temporary	Pre-operation Suspect Illness								
Person in Charge (PIC) ANISON Ellott	Time In: 10:30	☐ Bed & Breakfast	General Complaint								
Inspector Mark Masiello	Out:	Permit No.	Other								
Each violation checked requires an explanation on the violated.	narrative pag	ge(s) and a citation of s	pecific provision(s								
Violations Related to Foodborne Illness Interventions and	Diele Feeters	(Deal 14)	Non-compliance with:								
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immedia	te corrective Tobacco	king 590.009 (E) 590.009 (F) Awareness 590.009 (G)								
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from	Hande								
1. PIC Assigned / Knowledgeable / Duties		lwash Facilities	, idias								
EMPLOYEE HEALTH		FROM CHEMICALS									
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additives									
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxio										
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)										
☐ 5. Receiving/Condition	☐ 16. Cooking Temperatures										
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheating										
☐ 7. Conformance with Approved Procedures/HACCP Plans	18. Cooling										
PROTECTION FROM CONTAMINATION	19. Hot and Cold Holding 40 430 370										
8. Separation/Segregation/Protection	☐ 20. Time As a Public Health Control										
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 21. Food and Food Preparation for HSP										
☐ 10. Proper Adequate Handwashing		·									
☐ 11. Good Hygienic Practices	CONSUMER /	ADVISORY ing of Consumer Advisories									
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions Rela	ated T								
tems) Critical (C) violations marked must be corrected		orne Illnesses Interventio									
mmediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22):									
mmediately or within 90 days as determined by the Board	Official Or	der for Correction: Based	on an inspection								
of Health.	590.000/Fe	items checked indicate viole deral Food Code. This repo	ations of 105 CMR								
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its ag	ent constitutes an								
24. Food and Food Protection (FC-3)(590.004)	order of th	e Board of Health. Failure to	correct violations								
25. Equipment and Utensils (FC-4)(590,005)	cited in thi	s report may result in suspent Stablishment permit and ces	ension or revocation of								
26. Water, Plumbing and Waste (FC-5)(590,006)	establishm	ent operations. If aggrieved	Sation of food								
[27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing											
28. Poisonous or Toxic Materials (FC-7)(590,008) 29. Special Requirements (590,009)	and a series of the series of										
29. Special Requirements (590.009)		ays of receipt of this order. E-INSPECTION:									
Transport State St											
Inspector's Signature: Mach Mary flor Print:	Mark	Meisiello.									
PIC's Signature: Print:	Alliso		PageofPages								
	7.11.100	1 1 1 1 1 1 1 1									

Discussion With Person in Charge: item No. Establishment Name:_ Reference C - Critical Item R - Red Item TOWN OR CITY OF_ Harrington School Summer will town cannot start of the be Sculer removed. town dish machine tobles, till took and line Chelmstora blumber fit this onto this 20 1. n.s. a.e 74 the **DESCRIPTION OF VIOLATION / PLAN OF CORRECTION** a ecepted + woundinto a +4c COMINA 19 PLEASE PRINT CLEARLY year that would great. Date:_ dish room. He Summer work schoolife 4:00 Board or 400 2 **Corrective Action Required:** Voluntary Disposal Embargo Re-inspection Scheduled Voluntary Compliance be 118 hood system all (emoved 4 Health. SMAKE Page: by then Other: Emergency Suspension Š **Emergency Closure** Employee Restriction / the Exclusion need to 246 1547 앜 Yes Date Verifled

TOWN OR CITY OF C'helms ford

Massachusetts Department of Bublic Health

massaonuseus Department of Public	nealth		
Division of Food and Drugs			
FOOD ESTABLISHMENT INSPECTION REPORT			
Name Harrington School	Date 12/11/18	Type of Operation(s) Food Service	Type of Inspection Routine
Address Richardson Rd 120	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	☐ Pre-operation ☐ Suspect Illness
Person in Charge (PIC) AlliSM Ralioff	Time	Bed & Breakfast	General Complaint
Inspector Mark Masiello	In:/2:/0 Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the	narrative pag	e(s) and a citation of	specific provision/s
Trailing of			Non-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and restriction on delivery and the second sec	Risk Factors	(Red Items) Anti-C te corrective Tobac	Choking 590,009 (E)
action as determined by the Board of Health.	quite illimiteulai		590.009 (F) (en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12. Preve	ention of Contamination fro	m Hands
1. PIC Assigned / Knowledgeable / Duties		lwash Facilities	······································
EMPLOYEE HEALTH		FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additive	s
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxio		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potentia	ally Hazardous Foods)
☐ 5. Receiving/Condition		ing Temperatures	my rideardous r oods)
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe		
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	•	
PROTECTION FROM CONTAMINATION		nd Cold Holding 1760	145 390
☐ 8. Separation/Segregation/Protection		As a Public Health Control	יכ יטוי
9. Food Contact Surfaces Cleaning and Sanitizing		TS FOR HIGHLY SUSCEPTIBL	E BOBULATIONS (LICE)
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	ISP
11. Good Hygienic Practices	CONSUMERA	DVISORY	
		ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number of	Violated Provisions Re	plated
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	To Foodbo	orne Illnesses Intervent actors (Red Items 1-22	ions ()
of Health. Non-critical (N) violations must be corrected		der for Correction: Base	
immediately or within 90 days as determined by the Board of Health.	today, the i	tems checked indicate vi-	olations of 105 CMR
C N	590.000/Fed	deral Food Code. This rep	ort, when signed below
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)	order of the	of Health member or its a Board of Health. Failure	igent constitutes an
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)	cited in this	report may result in sus	pension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and c ent operations. If aggriev	essation of food
27. Physical Facility (FC-6)(590.007)	have a right	to a hearing. Your reque	st must be in writing
28. Poisonous or Toxic Materials (FC-7)(590.008) 29. Special Requirements (590.009)	and submit	ted to the Board of Health	at the above address
30. Other	DATE OF RE	ys of receipt of this orde	2
		12/1	7/15
Inspector's Signature: Mach Moutelle Print:	Mude	m - Call	
PIC's Signature: Print: Print:	HILL	Masiello	Page / of / Page
1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	P/1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	r ruga / at / llauss

		Discussion With Person in Charge:				24 K.3 C	27 126	3/11 5-31 tc	No. Reference R - Red Item	Establishment Name: Helt
Voluntary Disposal	P Re-inspection Scheduled	Cor	10/12 Musiculo 0/18- H 14-2820	of fact service and not the extended day program.	the dishwaher system, must be removed by 12/17/	to USE the dishranm for stronge	The dishram count be used for any tupe of storage	heavy	ן פי	Harrington School Date: 12/1/18 Page: 2 of_
	iction / pension ure	Yes					,		Date Verified	14

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs	IIICCIGII		
FOOD ESTABLISHMENT INSPECTION REPORT	f present		
Name Harrington School Address	5/8/19	Type of Operation(s) Food Service	Type of Inspection Routine
Jeo Kichardson Ra	Risk Level	Retail Residential Kilchen	Re-inspection Previous Inspection
Telephone	Cavai	Mobile	Date:
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) Jenn Fer Stuat	Time	☐ Bed & Breakfast	General Complaint HACCP
Inspector Mark Masjello	In: //-00 Out://-40	Permit No.	Other
Each violation checked requires an explanation on the	narrative pag	e(s) and a citation of	specific provision(s
Violated,		·	Non-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and re	RISK Factors	(Ked Items) Anti-Ci	hoking 590.009 (E) 590.009 (F)
action as determined by the Board of Health.	equite ininicola	Allerge	en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination from	n Hands
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	lwash Facilities	
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	_	oved Food or Color Additives	s
3. Personnel with infections Restricted/Excluded	☐ 15. Toxic		
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potentia	illy Hazardous Foods)
_		ing Temperatures - &	my Hazardous I coosy
5. Receiving/Condition 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	_	
	☐ 18. Cool	•	
7. Conformance with Approved Procedures/HACCP Plans	_	•	3 0 1/13
PROTECTION FROM CONTAMINATION		and Cold Holding -20	58 172
8. Separation/Segregation/Protection	_	As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN ☐ 21. Food	ITS FOR HIGHLY SUSCEPTIBL and Food Preparation for H	LE POPULATIONS (HSP) ISP
10. Proper Adequate Handwashing	CONSUMER	LOVICORY	
11. Good Hygienic Practices		ng of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions Re	alatad
Items) Critical (C) violations marked must be corrected		orne Illnesses Intervent	
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22	
immediately or within 90 days as determined by the Board	Official O	der for Correction: Base	ed on an inspection
of Health.	today, the	items checked indicate vi deral Food Code. This rep	olations of 105 CMR
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its a	agent constitutes an
24. Food and Food Protection (FC-3)(590.004)		e Board of Health. Failure	
25. Equipment and Utensils (FC-4)(590,005)	the food e	s report may result in sus stablishment permit and c	pension or revocation of
26. Water, Plumbing and Waste (FC-5)(590.006)	establishm	ent operations, If aggriev	ed by this order, you
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a rigi	it to a hearing. Your reque	est must be in writing
29. Special Requirements (590,009)		tted to the Board of Healt ays of receipt of this orde	
30. Other		E-INSPECTION:	FI.
· · · · · · · · · · · · · · · · · · ·			
Inspector's Signature: Mark Mersicelle Print:	Manker	Tasiella	
PIC's Signature: Orange Le & Street Print:	1	81 - 1-	Page Z of Z Pages
FORM 734A AM. SULKINGO CHARLESTOWN, MA	, knip	COHOCT	r nge = _oi r nges

goins Discussion With Person in Charge: Walk in No. Establishment Name: Hossington 592,009 Reference cooler wall clean C - Critical Item R - Red Item TOWN OR CITY OF_ 3000 The k; tchen 3 bay sink water temps of MSDS Sheets OK actificated storage ox Butroom hand wash station dry storage hot Deen 10 11515 W crant You side 140 5/10/19. The employee the daytime Solid Allersen CHOMED brought into Allergen stort 2 or Chelmstora TOMOS 440 ulaste and 20 hygienic practice Awareness DESCRIPTION OF VIOLATION / PLAN OF CORRECTION roach+S NO R Certification must the oractices RECHESC S compliance by the Certification 2019-2010 PLEASE PRINT CLEARLY Date: 5/8 dompsters O Re-inspection Scheduled Corrective Action Required: Embargo Voluntary Disposal Voluntary Compliance School 50 k 19 not in in compliance Seasons. 10WAS Page: compliance Emergency Closure No. Emergency Suspension Employee Restriction / Exclusion 14 1007 of Departmen Q 7 Yes Date Verified

TOWN OR CITY OF Chelmsford

Massachusetts Department of Publi	- UW		
Drugs	c rieann	FITS+	Inspection
FOOD ESTABLISHMENT INSPECTION REPORT			Ø 1
Name Lowell Day School	Date	Type of Operation(s)	170
Address (1) (1) (1)	8/15/18 Risk	Food Service	Type of Inspection Routine
Telephone G79 C711 Ste St	Level	Retall Residential Kitcher	Re-inspection Previous Inspection
Owner / 124 674- 2400		☐ Mobile	Date
Person in Charge (PIE) - Nowosellay	HACCP Y/N	☐ Temporary ☐ Caterer	Fre-operation Suspect Illness
Inspector 100 Ctd + Nowoswia	Time In:/0:00	☐ Bed & Breakfast	General Complaint
Each violation checked required	1	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation	of specific provision(s)
Violations related to Foodborne Illnoor International	10e000 0: 5e5		Non-compliance with:
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	equire immediate	Corrective Tol	ti-Choking 590.009 (E) [
		Alle	Pacco 590.009 (F)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Preve	ntion of Contamination i	rom Handa
EMPLOYEE HEALTH	☐ 13. Handy	vash Facilities	IOIII Halius
☐ 2. Reporting of Diseases by Food Employee and PIC		ROM CHEMICALS	
☐ 3. Personnel with Infections Restricted/Excluded		ved Food or Color Additi	Une
FOOD FROM APPROVED SOURCE	☐ 15. Toxic		765
4. Food and Water from Approved Source		TURE CONTROLS (Poten	tially Uppardous to a con-
5. Receiving/Condition	☐ 16. Cookin	g Temperatures	many restardons Foods)
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheat		
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coolin	•	
PROTECTION FROM CONTAMINATION	☐ 19. Hot and	d Cold Holding	
8. Separation/Segregation/Protection		s a Public Health Contro	l
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENT	S FOR HIGHLY SUSCEPTION	H E DODIN ATTACK
☐ 10. Proper Adequate Handwashing	☐ 21. Food a	nd Food Preparation for	HSP
11. Good Hygienic Practices	CONSUMER AD	VISORY of Consumer Advisories	
iolations Related to Good Retail Practices (Blue			
ems) Critical (C) violations marked must be seemed	To Foodborn	iolated Provisions F ne Illnesses Interven	Related
nmediately or within 10 days as determined by the Board f Health. Non-critical (N) violations must be corrected	and Risk Fa	ctors (Red Items 1-2	tions
imediately of Within 90 days as determined by the party	Official Orde	r for Correction: Ras	ed on an increasi
f Health.	roddy, tite itei	us checked indicate u	ininii
23. Management and Personnel (FC-2)(590,003)	by a Board of	Health member or its	port, when signed below
25. Food and Food Protection (FC-3)(590.004)	at and of rife D	valu of realth, Failure	to commont williams of
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	armed ill fills if	port may result in sus dishment permit and o	mannian au mannian
21. Physical Facility (EC syspansor)	normnii stilli filli	ODBrattons If aggriou	and fore Alata - 1
28. Poisonous or Toxic Materials (FC-7)(590 008)	ALONG WITHILL TO	a neanna. Your room	and reasons from I
29. Special Requirements (590,009)	within to days	of receipt of this and	h at the above address
	DATE OF RE-II	SPECTION:	
Inspector's Signature: MA a. h. M			
PIC's Significant of the Print: /	Park Ma	sicilo.	
E COUNTRY MOUNTS	TOV D	trua Clork-	Page _ofPages
ORM 734A AM. SULKIN CO CHARLESTOWN MA	100	THE CLUTC	- "gt ot Tages

TOWN OR CITY OF Chelms Parca

Chy School Couleil Establishment Name:

8/15/18 Date:

N Page:__

N

Date Verified Source **Emergency Suspension** Employee Restriction / Exclusion Yes **Emergency Closure** a Other: 9000000 S C ٥ Corrective Action Required: Re-inspection Scheduled Voluntary Compliance DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Voluntary Disposal 00 Embargo 4011 0 O 0 PLEASE PRINT CLEARLY 1 PO 2/0 ty trains SK water temps 414 cectitics toops 3001/20 519496 bath rooms 000 extery chay, Gnd 4004 404 7he 116 Discussion With Person in Charge: C - Critical Item R - Red Item reliad 07 Code Reference COOKed Item No. J.

TOWN OR CITY OF Chelmstord

Massachusetts Department of Public HealthDivision of Food and Drugs

Division of Food and Drugs						
FOOD ESTABLISHMENT INSPECTION REPORT					(0)	
Name Cowell Public School System	Dat	5/19	Type of Operation(Type of In:	
Address (A Carrisle St	Ris	k	Retail Residential Kitch	11	🔲 Re-insp	ection
Telephone 978- 474-2405	Lev	rel	Mobile		Previous Ir <u>Da</u> le:	
Owner Lowell Public School	HA	CCP Y/N	Temporary Caterer		☐ Pre-ope ☐ Suspec	
Person in Charge (PIC) Wendy Zyla	Tin		Bed & Breakfas		🔲 Genera	l Complaint
Inspector/Mark Masiella		11:38	Permit No.		☐ HACCP	
Each violation checked requires an explanation on	the narr	ative page	e(s) and a citation	on of s	pecific p	provision(s
violated.					Non-compl	
Violations Related to Foodborne Illness Interventions				Anti-Cho	_	590.009 (E)
Violations marked may pose an imminent health hazard a action as determined by the Board of Health.	and requir	e immediate	e corrective	Tobacco Allergen		590.009 (F) 590.009 (G)
FOOD PROTECTION MANAGEMENT	[12. Preve	ntion of Contaminati	on from	Hands	
1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH	[☐ 13. Handv	vash Facilities			
☐ 2. Reporting of Diseases by Food Employee and PIC	F	PROTECTION	FROM CHEMICALS			
Personnel with Infections Restricted/Excluded	[☐ 14. Appro	ved Food or Color A	ditives		
FOOD FROM APPROVED SOURCE	[☐ 15. Toxic	Chemicals			
☐ 4. Food and Water from Approved Source	_		ATURE CONTROLS (P	otentially	y Hazardous	s Foods)
☐ 5. Receiving/Condition	_		ng Temperatures			
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 17. Rehea	•			
7. Conformance with Approved Procedures/HACCP Plans	3	18. Coolir	-		1.75	
PROTECTION FROM CONTAMINATION	_		nd Cold Holding 36		4/6	
8. Separation/Segregation/Protection	_	_	As a Public Health Co			
9. Food Contact Surfaces Cleaning and Sanitizing			ts for highly susc and Food Preparatio			ONS (HSP)
10. Proper Adequate Handwashing						
☐ 11. Good Hygienic Practices		ONSUMER A 22. Postir	ng of Consumer Advi	sories		
Violations Related to Good Retail Practices (Blue		Number of	Violated Provision	ons Rel	lated	
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	4		rne Illnesses Inte			0
of Health. Non-critical (N) violations must be corrected	4		actors (Red Items	,	-	
immediately or within 90 days as determined by the Board	1		der for Correction tems checked indic			
of Health.		590.000/Fed	leral Food Code. T	his repo	ort, when :	signed below
23. Management and Personnel (FC-2)(590.003)			of Health member Board of Health, F			
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)			report may result			
25. Equipment and Utensils (FC-4)(590.006) 26. Water, Plumbing and Waste (FC-5)(590.006)			tablishment permit			
27. Physical Facility (FC-6)(590.007)			ent operations. If a t to a hearing, Your			
28. Poisonous or Toxic Materials (FC-7)(590,008)			ted to the Board of			ove address
29. Special Requirements (590.009)			ays of receipt of thi E-INSPECTION:	is order	r.	
ou, outer						
Inspector's Signature: Mark Mariell	Print: N	Park Ma	ciella		T	
	Print: /	Jemy =	NIC		Page_/	ofPages
FORM 734A A M SULKIN CO CHARLESTOWN MA		10.014	710		1	

TOWN OR CITY OF Chelmsfird

Esta	Establishment Name:_	Name: Lowe //	11 Schools Public System Date: 5/15/19 Page: 2 of 2	
No.	Code Reference	C - Critical Item R - Red Item	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY VI	Date Verified
			d temps ox	
			All meals are was was was wantely. Mo sign of any rodents	
			A copy of the Certified Food Manager and the Allergen Angreness Certification next to the Local BOH Food Permit.	
1111			The dumpster must be in full compliance by 9/10/19	
_			Afficient is made in a permited simply in Lowell and delivered in compass.	
iscus	sion With P	iscussion With Person in Charge:	If the white (effigeratar will Corrective Action Required: Q No Q Yes	
Re	be used for	4	of employees into the mander	
1:0	will be m	retent. But i	Re-inspection Scheduled	ň
\$	the momente	ineter will	themometer will be needed to search the internal Ovoluntary Disposal Other:	

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs	
FOOD ESTABLISHMENT INSPECTION REPORT	RT

TOOD ESTABLISHINGHENT INSPECTION REPORT			
Name McCarthy Middle School	Date, 11/13/17	Type of Operation(s)	Type of Inspection
Address North Dd	////3///- Risk	Food Service	Routine Re-inspection
Telephone	Level	Residential Kitchen	Previous Inspection
		Mobile Temporary	Date:
Demon of Chelmstold	HACCP Y/N	Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) (PS/17 DP VOUNCE	Time	☐ Bed & Breakfast	General Complaint
Inspector Mark Masie 110	In: //; 20 Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation of	specific provision/s
			Non-compliance with:
Violations Related to Foodborne Illness Interventions and Violations marked may pose an imminent health hazard and reaction and determine the latest and restrict the second seco	Risk Factors	(Red Items) Anti-Ci	hoking 590.009 (E)
action as determined by the Board of Health.	idana militadisi	te corrective Tobacc Allerge	590.009 (F) 6n Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT			
1. PIC Assigned / Knowledgeable / Duties		ention of Contamination from	n Hands
EMPLOYEE HEALTH		lwash Facilities	
☐ 2. Reporting of Diseases by Food Employee and PIC		FROM CHEMICALS	
☐ 3. Personnel with Infections Restricted/Excluded		oved Food or Color Additives	3
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	: Chemicals	
☐ 4. Food and Water from Approved Source	TIME/TEMPER	RATURE CONTROLS (Potential	lly Hazardous Foods)
☐ 5. Receiving/Condition	☐ 16. Cook	ing Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	□ 17. Rehe		
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooli	nd Cold Holding 380	-7.
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	رم • صحح - nd Cold Holding	75 41 1000
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Control	37.11 1780
☐ 9. Food Contact Surfaces Cleaning and Sanitizing Zea Pron		TS FOR HIGHLY SUSCEPTIBLE	F POPIII ATIONS (USD)
10. Proper Adequate Handwashing	21. Food	and Food Preparation for Ha	SP (HSP)
11. Good Hygienic Practices	CONSUMER A	DVISORY	
— 11. Sood Hygianic Flactices		ng of Consumer Advisories	
/iolations Related to Good Retail Practices (Blue			
tems) Critical (C) violations marked must be corrected	Number of	Violated Provisions Re	lated
mmediately or within 10 days as determined by the Board	and Risk F	orne Ilinesses Interventio actors (Red Items 1-22)	ons C
of Health. Non-critical (N) violations must be corrected mmediately or within 90 days as determined by the Board		der for Correction: Base	
of Health.	today, the it	ems checked indicate vio	lations of 105 CMR
C N	590.000/Fed	leral Food Code. This repo	ort, when signed helow
23. Management and Personnel (FC-2)(590,003) 24. Food and Food Protection (FC-3)(590,004)	order of the	of Health member or its a Board of Health. Failure t	gent constitutes an
24. Food and Food Protection (FC-3)(590,004) 25. Equipment and Utensils (FC-4)(590,005)	cited in this	report may result in susp	Dension or revocation of
26. Water, Plumbing and Waste (FC-5)(590,006)	tne tood est	lablishment permit and ce	essation of food
27. Physical Facility (FC-6)(590,007)	have a right	ent operations. If aggrieve to a hearing. Your reques	d by this order, you
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitt	ed to the Board of Health	at the above address
29. Special Requirements (590,009)	within 10 da	ys of receipt of this order	11/20/17
74. 04101	DATE OF RE	INSPECTION: 1/5-//	15 12017
I			
Inspector's Signature: Mach Markelle Print:	Mark	Masiello	
PIC's Signature: Print:	105/10	De Younce	Page of Pages
FORM 734A AM SULKIN CO CHARLESTOWN, MA	- LA - U/F	71	8.0
, r		.!/	

The walk pend of the mail repaired alling the page of the walk inside of the trash cans restricted alling the trash cans raside of the trash cans	Discussion With Person in Charge:	JE R. H		9-24 46	No. Reference R-Red Item	
Page: Page: Page:		existside and inside of teria. The trash cans need to outside several times a	tmas break. Its	Have the mails cleaned by	The walls be	Chelmsford ddle School
	Voluntary Compliance Re-inspection Scheduled Embargo Voluntary Disposal	teans inside of t	to protect be walls.	cafeteria next to	ide of th	// Page: 2 of

TOWN OR CITY OF Chelms ford

Massachusetts Department of Public Health Division of Food and Drugs

FOOD	ESTABLISHMENT	INSPECTION	REPORT
Namo			

FOOD ESTABLISHMENT INSPECTION REPORT	1				
Name Mc Carthy Middle School		Date 2/14/18	Type of Operation	(s)	Type of Inspection
Address North Ril 750	F	Risk	Retail		Routine Re-Inspection
Telephone	—— L	_evel	Residential Kito	hen	Previous Inspection
Owner Tours of all I O and		HACCP Y/N	Mobile Temporary		Date: Pre-operation
Person in Charge (PIC)		252.83	☐ Calerer	.	Suspect Illness
		Time n <i>; 0 : 40</i>	Bed & Breakfas	št	General Complaint HACCP
Inspector Mask Masicillo	10	Trute.	Permit No.		T Other
Each violation checked requires an explanation violated.	on the na	rrative pag	je(s) and a citati	on of	specific provision(s
Violations Related to Foodborne Illness Intervention					Non-compliance with:
Troidcoils illaiked illay pose an imminent health hazar	d and requ	ISK Factors	(Red Items)	Anti-Ch	
action as determined by the Board of Health.	a and rade	ane mimeulat	e corrective	Tobaco Allerge	o 590.009 (F) n Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT					
1. PIC Assigned / Knowledgeable / Duties			ention of Contaminati	on from	1 Hands
EMPLOYEE HEALTH			wash Facilities		
☐ 2. Reporting of Diseases by Food Employee and PIC			FROM CHEMICALS		
3. Personnel with Infections Restricted/Excluded		☐ 14. Appro	oved Food or Color Ad	ditives	
FOOD FROM APPROVED SOURCE		☐ 15. Toxic	Chemicals		
4. Food and Water from Approved Source		TIME/TEMPER	RATURE CONTROLS (P	otential	ly Hazardous Foods)
☐ 5. Receiving/Condition			ing Temperatures		, , , , , , , , , , , , , , , , , , , ,
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 17. Rehea	- ·		
☐ 7. Conformance with Approved Procedures/HACCP Pla	ane	☐ 18. Cooli	_		
PROTECTION FROM CONTAMINATION	1113		nd Cold Holding 孝	> 0/0	Her C
☐ 8. Separation/Segregation/Protection			As a Public Health Co		7/10 4 8
9. Food Contact Surfaces Cleaning and Sanitizing		21. Food	TS FOR HIGHLY SUSCI and Food Preparation	EPTIBLE a for HS	POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing				, , , , , , ,	,,
11. Good Hyglenic Practices		CONSUMER A ☐ 22. Postir	DVISORY 1g of Consumer Advis	ories	
Violations Related to Good Retail Practices (Blue					
tems) Critical (C) violations marked must be corrected		Number of	Violated Provisio	ns Rel	ated
mmediately or within 10 days as determined by the Boa	rd	10 FOODDO	rne Illnesses Inter actors (Red Items	rventic	ons 🕖
of Health. Non-critical (N) violations must be corrected					
mmediately or within 90 days as determined by the Boar of Health.	rd	today, the it	der for Correction: ems checked indicate	ate viol	on an inspection
CN		590.000/Fed	leral Food Code. Th	is repo	ort, when signed below
23. Management and Personnel (FC-2)(590.003		by a Board	of Health member o	or its ac	gent constitutes an
24. Food and Food Protection (FC-3)(590.004 25. Equipment and Utensils (FC-4)(590.005		cited in this	Board of Health, Fa	allure ti n susn	o correct violations ension or revocation of
25. Equipment and Utensils (FC-4)(590.005 26. Water, Plumbing and Waste (FC-5)(590.006		the food est	ablishment permit :	and ce	ssation of food
27. Physical Facility (FC-6)(590.007	•	establishme	ent operations. If ag	grieve	d by this order, you
28. Polsonous or Toxic Materials (FC-7)(590,008	,)	and submitt	to a hearing. Your	reques	t must be in writing at the above address
29. Special Requirements (590.009)		within 10 da	vs of receipt of this	order.	at the above address
30. Other		DATE OF RE	INSPECTION.		
			269	of 9	7,2018
Inspector's Signature: Mach Marcelle	Print:	Mark	masiello	-	
PIC's Signature:	Print:	Les/10	De Young	d.	Page
FORM 734A AM SHI KIN CO CHAPLESTONAL MA		9,11			

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1

	27 Feb will The black window ledges are dirty. The heating units are dirty wolls are dirty. Sclean all of the above at the end of the school year.	Scal back the ve	then clean the exoes and widlls with a heavy of the of the first hoods are dirty. () XUST)	alls and floor inside of the walker cooks	the wall pest to the vending	Item Code C - Critical Item DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Reference R - Red Item PLEASE PRINT CLEARLY	Establishment Name: McCarthy Middle School Date: 4/14/18 Page:
ਰ <u>ਵ</u> ੀ ਨੂ ।	X K	\$ 9 8	W W	cooler are	regin	CTION	Page: 2 of 2

TOWN OR CITY OF <u>Chelius Poid</u>

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTION REPO	RT
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FOOD ESTABLISHMENT INSPECTION REPORT					
Name Mc Carthy School	D	ate 2//3/18	Type of Operation(s		vpe of Inspection
Address 250 North Rd		isk	Food Service Retail		Routine Re-inspection
Telephone Telephone	— Ц	evel	Residential Kitch	nen F	Previous Inspection
Owner Tour of chil Dal		ACCP Y/N	Mobile Temporary		Date: Pre-operation
Person in Charge (PIC)		ime	Caterer Bed & Breakfast	. [Suspect Illness
Person in Charge (PIC) Geolgia Frederizks	i i	1: 11:40		· [General Complaint HACCP
11016 110314111	0	ut:	Permit No.	[Other
Each violation checked requires an explanation of violated.	on the na	rrative pag	e(s) and a citatio	n of sp	pecific provision(s
Violations Related to Foodborne Illness Interventio	ns and Ri	sk Factors	(Red Items)	Anti-Chok	Von-compliance with: sing 590.009 (E)
Violations marked may pose an imminent health hazar action as determined by the Board of Health.	d and requ	ire Immediat	e corrective	Tobacco	590,009 (F) Awareness 590,009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties		12. Preve	ention of Contaminatio	on from H	lands
EMPLOYEE HEALTH		☐ 13. Hand	wash Facilities		
☐ 2. Reporting of Diseases by Food Employee and PIC		PROTECTION	FROM CHEMICALS		
Personnel with Infections Restricted/Excluded		☐ 14. Appro	oved Food or Color Add	ditives	
FOOD FROM APPROVED SOURCE		☐ 15. Toxic	Chemicals		
4. Food and Water from Approved Source		TIME/TEMPER	RATURE CONTROLS (Po	otentially	Hazardous Foods)
☐ 5. Receiving/Condition		☐ 16. Cook	ing Temperatures		
☐ 6. Tags/Records/Accuracy of Ingredient Statements		☐ 17. Rehe	ating		
7. Conformance with Approved Procedures/HACCP Pla	ins	☐ 18. Cooli	ng		
PROTECTION FROM CONTAMINATION		☐ 19. Hot a	nd Cold Holding / 77	7 37	10 37° 41°
☐ 8. Separation/Segregation/Protection		☐ 20. Time	As a Public Health Cor	ntrol	
9. Food Contact Surfaces Cleaning and Sanitizing		REQUIREMEN	TS FOR HIGHLY SUSCE	PTIBLE	OPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing		☐ 21. P000	and Food Preparation	tor HSP	
☐ 11. Good Hyglenic Practices		CONSUMER A	DVISORY ng of Consumer Adviso	ories	
Violations Related to Good Retail Practices (Blue		Number of	Violated Provision	ne Rola	tad
Items) Critical (C) violations marked must be corrected Immediately or within 10 days as determined by the Boar	1	To Foodbo	rne Ilinesses Inter	vention	is O
of Health. Non-critical (N) violations must be corrected	ra		actors (Red Items		
immediately or within 90 days as determined by the Boar	rd	Official Or	der for Correction: tems checked indica	Based	on an inspection
of Health.		590.000/Fed	teral Food Code. Thi	is report	t, when signed below
23. Management and Personnel (FC-2)(590.003		by a Board	of Health member or	r its age	nt constitutes an
24. Food and Food Protection (FC-3)(590,004 25. Equipment and Utensils (FC-4)(590,005		cited in this	Board of Health. Fa	Hure to Euspei	correct violations asion or revocation of
25. Equipment and Utensils (FC-4)(590.005 26. Water, Plumbing and Waste (FC-5)(590.006)		the food est	tablishment permit a	and cess	ation of food
27. Physical Facility (FC-6)(590.007))	have a right	ent operations. If ago t to a hearing. Your r	grieved	by this order, you
28. Poisonous or Toxic Materials (FC-7)(590.008		and submitt	ted to the Board of H	tealth at	the above address
29. Special Requirements (590,009))	within 10 da	sys of receipt of this	order.	CHI CON ACTION OF THE WAS ARRESTED TO
		DATE OF RE	-INSPECTION:		
Inspector's Signature: Man 1 100	Duine	10 /	4		
PIC's Signature:	Print:	WALK W	radendes		
- John Max	Print:60	orga t	redences		PageofPages
FORM 734A AM SULKIN CO CHARLESTOWN MA					

			Discuss										35	Item No.	Esta
			sion With Pe										R. 4	Code Reference	Establishment Name:_
			Discussion With Person in Charge:										り、海	C - Critical Item R - Red Item	
Disposal	Re-inspection Scheduled Embargo	-	Corrective Action Required:		SINK BLOVERY WILL		Many hear	the wallshop at the	8	from building up on the wall, The wall scale	wasm water and degreases.	o black fungos.	The walls inside of the walkin conter have	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	McCarthy School Date: 12/13/18 Page:
Other	Emerge	Employ	8		1110	7 7				1 /	the w		0		
	Emergency Suspension Emergency Closure	Employee Restriction /	P							1000	101/5		ild		of
	vension	ction /	Yes											Date Verified	h

TOWN OR CITY OF Chelmsford

Massachusetts	Department o	f Public	Health
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Massachusetts Department of Public Division of Food and Drugs	Health							
FOOD ESTABLISHMENT INSPECTION REPORT		2						
Name Mc Carthy Middle School	Date 5/15/19	Type of Operation(s) Food Service	Type of inspection Routine					
Address Worth Rd	Risk Level	Retail Residential Kitchen	Re-inspection Previous Inspection					
Telephone	FGARI	Mobile	Date:					
Owner Town of Chelms-tord	HACCP Y/N	Temporary Caterer	Suspect Illness					
Person in Charge (PIC) Georgia Frederizies	Time	Bed & Breakfast	General Complaint HACCP					
Inspector Mark Masiello	In: 10:15 Out: 11:25	Permit No.	Other					
Each violation checked requires an explanation on the	narrative pag	ge(s) and a citation of	specific provision(s Non-compliance with:					
violated. <u>Violations Related to Foodborne Illness Interventions and</u>	Risk Factors	(Red Items) Anti-C	Choking 590.009 (E)					
Violations marked may pose an imminent health hazard and re	equire Immedia	ite corrective Tobac						
action as determined by the Board of Health.		Wild !	on AMELONESS SSC.VOS (4)					
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	vention of Contamination fro	m Hands					
1. PIC Assigned / Knowledgeable / Duties EMPLOYEE HEALTH	☐ 13. Hand	dwash Facilities						
2. Reporting of Diseases by Food Employee and PIC		N FROM CHEMICALS						
3. Personnel with Infections Restricted/Excluded		roved Food or Color Additive	9 \$					
FOOD FROM APPROVED SOURCE		ic Chemicals						
4. Food and Water from Approved Source		ERATURE CONTROLS (Potenti	ially Hazardous Foods)					
☐ 5. Receiving/Condition		king Temperatures						
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reh	•						
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coo	and Cold Holding $\it 37$	161 36 -10					
PROTECTION FROM CONTAMINATION		e As a Public Health Control	L.					
8. Separation/Segregation/Protection	DEALIDEME							
9. Food Contact Surfaces Cleaning and Sanitizing Zooppon	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP)							
10. Proper Adequate Handwashing	CONSUMER	ADVISORY						
☐ 11. Good Hygienic Practices		tling of Consumer Advisories	5					
Violations Related to Good Retail Practices (Blue	Number	of Violated Provisions F	Related					
Items) Critical (C) violations marked must be corrected		borne illnesses Interven						
immediately or within 10 days as determined by the Board of Health, Non-critical (N) violations must be corrected		Factors (Red Items 1-2	ALCOHOLD TO THE REAL PROPERTY.					
immediately or within 90 days as determined by the Board		Order for Correction: Bar e items checked indicate \						
of Health.	590.000/F	ederal Food Code. This re	eport, when signed belov					
23. Management and Personnel (FC-2)(590.003)		rd of Health member or its the Board of Health, Failur						
24. Food and Food Protection (FC-3)(590.004)		his report may result in su						
25. Equipment and Utensiis (FC-4)(590.005)		establishment permit and						
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)		ment operations. If aggrie						
28. Polsonous or Toxic Materials (FC-7)(590.008)		nitted to the Board of Hea						
29. Special Requirements (590.009)		days of receipt of this or	der.					
30. Other	DATE OF	RE-INSPECTION: 5/19/	119 5/24/19					
To the distance of the second	100	100 1 1/						

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				iscus													_	46	ļ						K	Item No.		Fetal	
				sion With F														F-6							FX-4	Code Reference		Establishment Name:	
				iscussion With Person in Charge:				15/17	1	-)	1				//	//		0							C	C - Critical Item R - Red Item			TOWN
					of the wall board.	hozard of the black funnes be	to take samples to dotermine	The town had an Abotement	1,9	Mayectica	aware of this issue by myself at +	tran the School Suger		d of +h	Have the wall board semented	met.	White for way by to	The back well inside ut the dry stor		is a complance with	bee all the way which will will		(iam.	all the way which is cousing a build	The don't lotch on the wolk in freeze	DESCRIPTION OF VIOLATION / PLAN O	`	thu Middle School Date: 5/1	TOWN OR CITY OF Chelmstore
Voluntary Disposat	Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:		fore demolin	e the level	1 Company C			he time of my	to office was	5/17/	the wall	25+ OF the WEI	1 11 10 411	The 11011	bridge area has	1	0	+ the boild,	readjusted so		dup of sie and	ver dool is not	OF CORRECTION		5/19 Page.	
Other:	Emergency Closure	Emergency Suspension	Employee Restriction /	No Z Yes		4107	949	oute in				mode	19		then	2000000	3	t.			126.	the deci		Show	Closing	V		N 5 N	
		ň																								Date Verified			

TOWN OR CITY OF Chelms Pord

Massachusetts De	epartment of	Public Health
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Division	of Food	and Drugs	
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FOOD	ESTABL	ISHMENT	INSPECTION	REPORT

A.M. SULKIN CO. CHARLESTOWN, MA

FOOD ESTABLISHMENT INSPECTION REPORT			
Name Parker Middle School	Date 11/15/17	Type of Operation(s) 4 Food Service	Type of Inspection Routine
Address 7 Graniteville Rd	Risk	Retail	Re-inspection
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:
Owner Town of Chelms lord	HACCP Y/N	Temporary Caterer	Pre-operation
Person In Charge (PIC) Georgia Fredench	Time _	Bed & Breakfast	Suspect Illness General Complaint
Inspector Mark MASIEILO	In:/0.//5	Permit No.	HACCP Other
Each violation checked requires an explanation on the			
violated.			Non-compliance with:
<u>Violations Related to Foodborne Illness Interventions ar</u> Violations marked may pose an imminent health hazard and	nd Risk Factors	(Red Items) Anti-	Choking 590.009 (E)
action as determined by the Board of Health.	require immedia		590,009 (F) gen Awareness 590,009 (G)
FOOD PROTECTION MANAGEMENT	☐ 12 Pres	ention of Contamination fro	om Hande
1. PIC Assigned / Knowledgeable / Duties		dwash Facilities	iii rialius
EMPLOYEE HEALTH	_		
☐ 2. Reporting of Diseases by Food Employee and PIC		N FROM CHEMICALS	,
☐ 3. Personnel with Infections Restricted/Excluded		roved Food or Color Additive	łs
FOOD FROM APPROVED SOURCE		c Chemicals	
☐ 4. Food and Water from Approved Source	_	RATURE CONTROLS (Potenti	ally Hazardous Foods)
☐ 5. Receiving/Condition		king Temperatures	
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reh	eating	
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Coo	ling ing	47 380 -10
PROTECTION FROM CONTAMINATION	☐ 19. Hot	and Cold Holding 322	S8 158 0°
8. Separation/Segregation/Protection	☐ 20. Time	ling 공명하 and Cold Holding 공신경 e As a Public Health Control	
☐ 9. Food Contact Surfaces Cleaning and Sanitizing とない	REQUIREME	NTS FOR HIGHLY SUSCEPTIB	ILE POPULATIONS (HSP)
☐ 10. Proper Adequate Handwashing	77 21. Food	d and Food Preparation for I	HSP
11. Good Hygienic Practices	CONSUMER		
	22. Post	ting of Consumer Advisories	i
Violations Related to Good Retail Practices (Blue	Number o	of Violated Provisions R	Related
Items) Critical (C) violations marked must be corrected		orne Ilinesses Interven	
immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22	
immediately or within 90 days as determined by the Board	Official O	rder for Correction: Bas	ed on an inspection
of Health.	590.000/Fe	items checked indicate vederal Food Code. This re	iolations of 105 CMR
23. Management and Personnel (FC-2)(590.003)	by a Board	d of Health member or its	agent constitutes an
24. Food and Food Protection (FC-3)(590.004)	order of th	ne Board of Health, Failure	e to correct violations
25. Equipment and Utensils (FC-4)(590.005)		is report may result in su	
26. Water, Plumbing and Waste (FC-5)(590,006)		stablishment permit and	
27. Physical Facility (FC-6)(590.007)		nent operations, if aggriev ht to a hearing. Your requ	
28. Poisonous or Toxic Materials (FC-7)(590.008)		itted to the Board of Healt	
29. Special Requirements (590.009)	within 10 c	days of receipt of this ord	
30. Other		RE-INSPECTION:	
ctor's Signatures Mach Microstle Prin	- Cal A	Masiello	
vnature: Prin	it: CPOCA	in tredusicks	PageOfPages

Chelms-tord BOARD OF HEALTH

Discussion With Person in Charge: No. Establishment Name: Code Reference R - Red Item C - Critical Item Parker No sisa food refrigerator hand wash station oic 197 Szzhaldura sanitizer stations of Kitchen Was mas Sheets HOT Statage Eram an approved TEMPS OX temps or Krowledge able of stolage clean and ofganized DESCRIPTION OF VIOLATION / PLAN OF CORRECTION Wes in carents 0/1 BUNDS sanitary conditions practics to dute PLEASE PRINT CLEARLY Date: duties 11/13/17 Voluntary Compliance Corrective Action Required: Voluntary Disposal Re-inspection Scheduled Embargo Page: ONC 0 Emergency Closure **Emergency Suspension** Employee Restriction / Exclusion ☐ Yes Date Verifled

TOWN OR CITY OF Chelms ford

Massachusetts Department of Public Health Division of Food and Drugs FOOD ESTABLISHMENT INSPECTION REPORT Name Date Type of Operation(s) Tidelle School Type of Inspection 415/18 Food Service Routine Address Retail Re-Inspection Risk Residential Kitchen Level Previous Inspection Telephone Mobile Date: Temporary HACCP Y/N Pre-operation Caterer Suspect Illness Person in Charge (PIC) Time Bed & Breakfast General Complaint In: //:00 HACCP Permit No. Other_ Out: Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s) violated. Non-compliance with: Violations Related to Foodborne Illness Interventions and Risk Factors (Red Items) Anti-Choking 590,009 (E) Violations marked may pose an imminent health hazard and require immediate corrective Tobacco 590.009 (F) action as determined by the Board of Health. Allergen Awareness 590,009 (G) **FOOD PROTECTION MANAGEMENT** ☐ 12. Prevention of Contamination from Hands ☐ 1. PIC Assigned / Knowledgeable / Duties ☐ 13. Handwash Facilities **EMPLOYEE HEALTH** PROTECTION FROM CHEMICALS 2. Reporting of Diseases by Food Employee and PIC ☐ 14. Approved Food or Color Additives ☐ 3. Personnel with Infections Restricted/Excluded ☐ 15. Toxic Chemicals FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods) ☐ 5. Receiving/Condition ☐ 16. Cooking Temperatures ☐ 6. Tags/Records/Accuracy of Ingredient Statements ☐ 17. Reheating ☐ 18. Cooling 7. Conformance with Approved Procedures/HACCP Plans ☐ 19. Hot and Cold Holding 38.7° 39 PROTECTION FROM CONTAMINATION ■ 8. Separation/Segregation/Protection ☐ 20. Time As a Public Health Control REQUIREMENTS FOR HIGHLY SUSCEPTIBLE POPULATIONS (HSP) 9. Food Contact Surfaces Cleaning and Sanitizing ☐ 21. Food and Food Preparation for HSP ☐ 10. Proper Adequate Handwashing **CONSUMER ADVISORY** ☐ 11. Good Hygienic Practices ☐ 22. Posting of Consumer Advisories Violations Related to Good Retail Practices (Blue Number of Violated Provisions Related Items) Critical (C) violations marked must be corrected To Foodborne filnesses Interventions immediately or within 10 days as determined by the Board and Risk Factors (Red Items 1-22): of Health. Non-critical (N) violations must be corrected Official Order for Correction: Based on an Inspection immediately or within 90 days as determined by the Board today, the items checked indicate violations of 105 CMR of Health. 590.000/Federal Food Code. This report, when signed below CN by a Board of Health member or its agent constitutes an 23. Management and Personnel (FC-2)(590.003) order of the Board of Health. Failure to correct violations 24. Food and Food Protection (FC-3)(590.004) cited in this report may result in suspension or revocation of 25. Equipment and Utensils (FC-4)(590.005) the food establishment permit and cessation of food 26. Water, Plumbing and Waste (FC-5)(590.006) establishment operations. If aggrieved by this order, you 27. Physical Facility (FC-6)(590.007) have a right to a hearing. Your request must be in writing 28. Poisonous or Toxic Materials (FC-7)(590.008) and submitted to the Board of Health at the above address 29. Special Requirements (590.009)within 10 days of receipt of this order. DATE OF RE-INSPECTION: 6/12/18-C 30. Other

Inspector's Signature: Mark Mariell	Print: Mark Masielle	
PIC's Signature: Cutton Wayley	Print: Cathlen Marellino	Page / of / Pages

		ł		Discus				1	Ì		1 1	l					46	No.		Esta	
				ssion With I													57	Reference	21	Establishment Name:	
				Discussion With Person in Charge:				/									南の	R - Red Item			TOWN
				e;	Jello bryging and exci	is also goes for all pre	Place the milk eyates on a r		Sell by dutes it they are pass	noothies will		disting the funch period	milk coolers are cooled	place a thermometer inside	1) The new milk coolers did not have	Place a thermometer in side of	WiThe ice cream freezer did pat hi	PLEASE PRINT CLEARLY		arker Middle School Date: 6	TOWN OR CITY OF Chelms tend
Voluntary Disposal	Embargo	Re-inspection Scheduled	□ Voluntary Compliance	Corrective Action Required:	70 15, 600.00	ed tond	fack inside of the		displayed	need ingredient		(a/12/18 manual)	pas	each	thermemeters	the ice rream	have a thermomen	ALY	COBBECTION	15/18 Page:	
Olher:	Emergency Closure	Emergency Suspension	Employee Restriction / Exclusion	O No O Yes	10,00	containers	walkin conc		Staband Do posaluts	labels and		A STECH WORL	B	Also	1/2/19	. 64	ctor.	< 1		7 of 2	
		9							150							6/10/18		Verified	Date	x	

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

Division of Food and Drugs

FOOD ESTABLISHMENT INSPECTIO	1 REPORT
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FOOD ESTABLISHMENT INSPECTION REPORT									
Name Parker Middle School	Date Type of Operation(s) 12/17/18 1 Food Service	Type of Inspection GRoutine							
Address 7 Branitaville Rd	Risk Retail	Re-inspection							
Telephone ICA	Level Residential Kitchen Mobile	Previous Inspection Date:							
Owner Town of Chelmstord	HACCP Y/N Temporary Caterer	☐ Pre-operation☐ Suspect Illness							
Person in Charge (PIC) Cath I wen Moir land	Time	General Complaint							
Inspector Mark Masiello	In: //. 30 Out: Permit No.	HACCP Other							
Each violation checked requires an explanation on the	narrative page(s) and a citation of								
violated. <u>Violations Related to Foodborne Illness Interventions and</u>	d Risk Factors (Red Items)	Non-compliance with:							
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	require immediate corrective Tobacc								
FOOD PROTECTION MANAGEMENT	☐ 12. Prevention of Contamination from	n Hands							
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handwash Facilities								
EMPLOYEE HEALTH	PROTECTION FROM CHEMICALS								
 Reporting of Diseases by Food Employee and PIC 3. Personnel with Infections Restricted/Excluded 	☐ 14. Approved Food or Color Additives	i							
	☐ 15. Toxic Chemicals								
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potential	lly Hazardous Foods)							
☐ 5. Receiving/Condition	☐ 16. Cooking Temperatures								
6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheating								
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooling	4. *5							
PROTECTION FROM CONTAMINATION	☐ 19. Hot and Cold Holding 370 3	9-10 1430							
☐ 8. Separation/Segregation/Protection	☐ 20. Time As a Public Health Control								
9. Food Contact Surfaces Cleaning and Sanitizing 20070M	REQUIREMENTS FOR HIGHLY SUSCEPTIBL								
☐ 10. Proper Adequate Handwashing	☐ 21. Food and Food Preparation for H	SP							
11. Good Hygienic Practices	CONSUMER ADVISORY								
	22. Posting of Consumer Advisories								
Violations Related to Good Retail Practices (Blue	Number of Violated Provisions Re	elated							
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	To Foodborne Illnesses Interventi								
of Health. Non-critical (N) violations must be corrected	and Risk Factors (Red Items 1-22)	General State of the Control of the							
immediately or within 90 days as determined by the Board	Official Order for Correction: Base today, the items checked indicate vice								
of Health.	590.000/Federal Food Code. This rep								
23. Management and Personnel (FC-2)(590.003)	by a Board of Health member or its a	igent constitutes an							
24. Food and Food Protection (FC-3)(590.004)	order of the Board of Health. Failure								
25. Equipment and Utensils (FC-4)(590.005)	cited in this report may result in sus the food establishment permit and co								
26. Water, Plumbing and Waste (FC-5)(590,006)	establishment operations. If aggrieve								
27. Physical Facility (FC-6)(590.007)	have a right to a hearing. Your request must be in writing								
28. Poisonous or Toxic Materials (FC-7)(590.008)	and submitted to the Board of Health at the above addres								
29. Special Requirements (590,009)	within 10 days of receipt of this orde	er.							
30. Other	DATE OF RE-INSPECTION: 1/4/1	19							
Inspector's Signature: Mah M : 28 Print	200								
1//641/1//61/1866	1 GIR 11/9SICHO	D							
PIC's Signature Mullice Print	· Cuthlorn Muiellono	PageofPages							

Chelmsford

Discussion With Person in Charge: Establishment Name:___ Code K-6 C - Critical Item R - Red Item TOWN OR CITY OF_ Parker cleaned Middle 20 white 11/10 911 2015 **DESCRIPTION OF VIOLATION / PLAN OF CORRECTION** Chaistages Vacation. 134/15 inside PLEASE PRINT CLEARLY white Date:_ 12/12/18 カハンズ 0 Corrective Action Required: Embargo Re-inspection Scheduled Voluntary Disposal Voluntary Compliance the Kitchen walls in the choaly Page: 0 ore Other: **Emergency Suspension** N_o Emergency Closure Employee Restriction / Exclusion NAKON 000 19 o Yes Date Verified

TOWN OR CITY OF <u>Chelmsford</u>

Massachusetts	Department of	Public Health

Division of Food and Drugs	Division of Food and Drugs									
FOOD ESTABLISHMENT INSPECTION REPORT										
Name Parker Middle Schaol	Date 5/10/19	Type of Operation(s) Food Service	Type of Inspection							
Address 7 Gransteville Rd	Risk	Retail	Re-Inspection							
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:							
Owner Town of Chelpis Pord	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness							
Person in Charge (PIC) Cathleen Maie 11 ano	Time	General Complaint								
Inspector Mark Masiello	In: 17:45 Out: 17:30	T HACCP								
Each violation checked requires an explanation on th	e narrative pag	e(s) and a citation of	specific provision(s)							
violated. <u>Violations Related to Foodborne Illness Interventions at the Property of the Prope</u>			Non-compliance with:							
Violations marked may pose an imminent health hazard and	require immediat	(Ked Items) Anti-chie corrective Tobaco								
action as determined by the Board of Health. Allergen Awareneas 590,008 (G)										
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Prev	ention of Contamination fron	n Hands							
EMPLOYEE HEALTH	☐ 13. Hand	lwash Facilities								
2. Reporting of Diseases by Food Employee and PIC	PROTECTION	FROM CHEMICALS								
Reporting of Diseases by Food Employee and Pic Resonnel with Infections Restricted/Excluded	🗌 14. Аррг	oved Food or Color Additives								
FOOD FROM APPROVED SOURCE	☐ 15. Toxic	: Chemicals								
4. Food and Water from Approved Source	TIME/TEMPE	RATURE CONTROLS (Potential	ly Hazardous Foods)							
☐ 5. Receiving/Condition	16. Cooking Temperatures									
☐ 6. Tags/Records/Accuracy of Ingredient Statements	□ 17. Rehe	ating								
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cool		50							
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	nd Cold Holding-8 42	20 39 1410 153							
8. Separation/Segregation/Protection		As a Public Health Control								
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	ITS FOR HIGHLY SUSCEPTIBLE	E POPULATIONS (HSP)							
☐ 10. Proper Adequate Handwashing	☐ 21. Food	and Food Preparation for H	SP							
☐ 11. Good Hyglenic Practices	CONSUMER									
	☐ 22. Posti	ng of Consumer Advisories	•							
Violations Related to Good Retail Practices (Blue	Number o	f Violated Provisions Re	lated							
Items) Critical (C) violations marked must be corrected immediately or within 10 days as determined by the Board	To Foodbo	orne Illnesses Intervention	ons							
of Health. Non-critical (N) violations must be corrected		actors (Red Items 1-22)								
Immediately or within 90 days as determined by the Board	today, the i	der for Correction: Base tems checked indicate vio	d on an inspection							
of Health.	590.000/Fe	deral Food Code. This rep	ort, when signed below							
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its a Board of Health. Failure	gent constitutes an							
24. Food and Food Protection (FC-3)(590.004) 25. Equipment and Utensils (FC-4)(590.005)	cited in this	report may result in susp	ension or revocation of							
25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590.006)	the food es	tablishment permit and ce	ssation of food							
27. Physical Facility (FC-6)(590.007)	establishment operations. If aggrieved by this order, you have a right to a hearing. Your request must be in writing									
28. Poisonous or Toxic Materials (FC-7)(690,008)	and submitted to the Board of Health at the above address									
29. Special Requirements (590.009)	within 10 d	ays of receipt of this order	110							
30. Otilol	DATE OF R	E-INSPECTION: 9/11	//7							
Inspector's Signature: Was Marielle Prin	do 1d - Tr		T							
11/aprilates	Mark	Masiello Maiellano								
PIC's Signature aller Mulling Prin	Cath language	Mairlano	PageofPages							

			Discussi			\vdash	7 66		27 1			()				27 1	No. F	Establ
			on With P				M 4		4.6			(G)				8-6	Code Reference	Establishment Name:
			Discussion With Person in Charge:				L		NIC			(,			W/c	C - Critical Item R - Red Item	-
				7019-7022 X NOOT Season.	ticezer to kiep the food of the freeze	zen food.	the will be recent to the confirmant	the beginning of the 2019-2020	The kitchen floor condition is not	that of the 7019-2020	e Allergen Certification must	The Allerage Americas Cortes cotica	School season.	The need to be cleaned prior to	not cleaned from 195t years inspection.	The white block walls inside of the	DESCRIPTION OF VIOLATION / PLA PLEASE PRINT CLEARLY	TOWN OR CITY OF <u>Chelmsford</u> Pasker Middle School Date: 5/
O Voluntary Disposal	□ Embargo	Voluntary Compliance Re-inspection Scheduled	Corrective Action Required:		The for	, , , , , ,	to the storner	school sesson.	Samita		in complic	אותה: לסמנה מי לאח אין		the start of th	tron.	Kitchen ale	LAN OF CORRECTION	10/19 Page:
Other	□ Emerç	EmployeeExclusionEmergence	O No)		B	ot	thes.		0	3/16		the 2011		11:45		
•	Emergency Closure	Employee Restriction / Exclusion Emergency Suspension	9. A.		seach in		#							19-2020				N %
	W	on /	Yes														Date Verifie	

TOWN OR CITY OF <u>chelms ford</u>

Massachusetts Department of Public Health

Division of Food and Drugs									
FOOD ESTABLISHMENT INSPECTION REPORT									
Name South Row School	Date 10/23/17	Type of Operation(s) Food Service	Type of Inspection Li Routine						
Address Porton Rd	Risk	Retail Residential Kitchen	Re-inspection						
Telephone	Level	Previous Inspection Date:							
Owner Town of chelms-ford	HACCP Y/N	Pre-operation Suspect Illness							
	Time	Time Bed & Breakfast Ger							
Inspector Mark Masiello	In: 12 20 Out:	Permit No.	HACCP Other						
Each violation checked requires an explanation on the violated.	narrative pag	je(s) and a citation of	specific provision(s						
Violations Related to Foodborne Illness Interventions and	Risk Factors	(Red Items) Antic	thoking 590,009 (E)						
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.	equire immedia	te corrective Tobac							
FOOD PROTECTION MANAGEMENT	☐ 12. Prev	ention of Contamination fro	m Hands						
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Hand	lwash Facilities							
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS							
2. Reporting of Diseases by Food Employee and PIC		oved Food or Color Additive	es						
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxid								
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source		RATURE CONTROLS (Potenti	ally Hazardous Foods)						
5. Receiving/Condition	☐ 16. Cool	ring Temperatures							
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	ating	6						
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cool	ing 157	6 70 33°0						
PROTECTION FROM CONTAMINATION	☐ 19. Hot a	and Cold Holding 7800	400 400 360						
☐ 8. Separation/Segregation/Protection	20. Time	As a Public Health Control							
Sood Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIB							
☐ 10. Proper Adequate Handwashing	21, F000	l and Food Preparation for I	15P						
11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories	; ;						
<u>Violations Related to Good Retail Practices</u> (Blue Items) Critical (C) violations marked must be corrected	Number o	of Violated Provisions R	elated						
immediately or within 10 days as determined by the Board		orne ilinesses intervent Factors (Red items 1-22							
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board		rder for Correction: Bas							
of Health.		items checked indicate vi							
C N	by a Board	deral Food Code. This re fof Health member or its	port, when signed below						
23. Management and Personnel (FC-2)(590.003) 24. Food and Food Protection (FC-3)(590.004)		e Board of Health. Failure							
25. Equipment and Utensils (FC-4)(590,005)		s report may result in su							
26. Water, Plumbing and Waste (FC-5)(590.006)	the tood es	stablishment permit and o nent operations. If aggriev	cessation of food						
27. Physical Facility (FC-8)(590.007)		nt to a hearing. Your requi							
28. Polsonous or Toxic Materials (FC-7)(590.008)	and submi	tted to the Board of Healt	th at the above address						
29. Special Requirements (590.009)		lays of receipt of this ord	er.						
30. Other	DATE OF R	RE-INSPECTION:							
Inuncetor's Signatures (V)	100 0								

Inspector's Signature: Mach Mainth	Print: Mark Masiello	
PIC's Signatures of In Do Com	Print: Kubin Donc-iona	PageOf Pages
(5)		

				Discus																No.	Esta	
		7)		sion With Po																Code Reference	blishment l	
				Discussion With Person in Charge:																C - Critical Item R - Red Item	Establishment Name: South Pour	TOWN
												(dry stronge or	of diphos oil	tool from an expressed source	certifications	6,	cold retascration temps on	Hot food temps on	DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	School Date:	TOWN OR CITY OF Chelmstand
Voluntary Disposal	□ Embargo	Re-inspection Scheduled	Voluntary Compliance	Corrective Action Required:																PLAN OF CORRECTION	10/23/17 Page:	
			0	G				l													ř	
Other:	Emergency Closure	Emergency Suspension	Employee Restriction /	No											_						2 of	æ
	Closu	Susp	?estri	0											,							
	Яге	ension	ction /	Yes																Date Verified	14	

TOWN OR CITY OF Chelmsford

Massachusetts Department of Public Health

massachuseus bepartment of Public	c realtn		
Division of Food and Drugs			
FOOD ESTABLISHMENT INSPECTION REPORT			
Name South Row School	Date 5/31/18	Type of Operation(s) Food Service	Type of Inspection
Address 5.50 Boston Pd	Rísk	Retail Residential Kitchen	Re-inspection
Telephone	Level	Mobile Residential Kitchen	Previous Inspection Date:
Owner Town of chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness
Person in Charge (PIC) Dobin Donoshue	Time	Bed & Breakfast	General Complaint
Inspector Mark Masicillo	In: //: 30 Out:	Permit No.	HACCP Other
Each violation checked requires an explanation on the violated.	narrative pag	je(s) and a citation of	specific provision(s
Violations Related to Foodborne Illness Interventions and	d Risk Factors	(Pad Itame)	Non-compliance with:
Violations marked may pose an imminent health hazard and a action as determined by the Board of Health.	require immedial	te corrective Tobaco	hoking 590.009 (E) oo 590.009 (F) en Awareness 590.009 (G)
FOOD PROTECTION MANAGEMENT 1. PIC Assigned / Knowledgeable / Duties	☐ 12. Prev	ention of Contamination from	m Hands
EMPLOYEE HEALTH	🔲 13. Hand	lwash Facilities	
	PROTECTION	FROM CHEMICALS	
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additives	s
3. Personnel with Infections Restricted/Excluded	☐ 15. Toxic		-
FOOD FROM APPROVED SOURCE			He Describer 13
4. Food and Water from Approved Source		RATURE CONTROLS (Potentia	illy nazardous Foods)
5. Receiving/Condition		king Temperatures	
6. Tags/Records/Accuracy of Ingredient Statements	17. Rehe	-	
7. Conformance with Approved Procedures/HACCP Plans	🗌 18. Cooli	ing	
PROTECTION FROM CONTAMINATION	🔲 19. Hot a	and Cold Holding 1 413 0	36 400510 4
☐ 8. Separation/Segregation/Protection	_	As a Public Health Control	
9. Food Contact Surfaces Cleaning and Sanitizing		NTS FOR HIGHLY SUSCEPTIBLE I and Food Preparation for H	
☐ 10. Proper Adequate Handwashing			
☐ 11. Good Hygienic Practices	CONSUMER A	ADVISORY ing of Consumer Advisories	
Violations Related to Good Retail Practices (Blue	Marakan a	(NE.1 (15)	
Items) Critical (C) violations marked must be corrected		f Violated Provisions Re orne Illnesses Intervent	
immediately or within 10 days as determined by the Board		Factors (Red Items 1-22	
of Health, Non-critical (N) violations must be corrected		der for Correction: Base	Division of the last of the la
immediately or within 90 days as determined by the Board of Health.	today, the	items checked indicate vi-	olations of 105 CMR
C N	590.000/Fe	deral Food Code. This rep	port, when signed below
23. Management and Personnel (FC-2)(590.003)	by a Board	of Health member or its	agent constitutes an
24. Food and Food Protection (FC-3)(590.004)	cited in thi	e Board of Health. Failure s report may result in sus	to correct violations
25. Equipment and Utensils (FC-4)(590.005)	the food es	stablishment permit and c	essation of food
26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007)	establishm	ent operations. If aggriev	ed by this order, you
27. Physical Facility (FC-6)(590.007) 28. Poisonous or Toxic Materials (FC-7)(590.008)	have a righ	nt to a hearing. Your reque	st must be in writing
29. Special Requirements (590,009)		tted to the Board of Healtl lays of receipt of this orde	
30. Other		E-INSPECTION:	71 :
Inspector's Signature: May 10 Print	: 100 -1- 0	0	
PIC's Signature:	11 CISE	rasiello	PageofPages
Time	· · Zaland	Mr. In Const. 1	Trage_Z_01_/_Pages

TOWN OR CITY OF Chelmsford

Discus						27	Item No.	Estat
sion With F						R-6	Code Reference	Establishment Name:
Person in Charge				NIC		pl/c	C - Critical Item R - Red Item	Name: Sout
			Replace the roof and the certing,	The certing tiles inside of the Kit	e root aceds to be replaced in	roof of the kitchen is still !	~	th Raw School Date: 5,
rective Action Required:			in the Kitchen	tchen ose old	full instead of	I calling water	OF CORRECTION	131/18 Page:
			11	2		0		
No			19:00	* 1 1	6.			2 of
				186	1	36		N
es.				514	1240		Date Verified	
	orrective Action Required: C No	Corrective Action Required:	Corrective Action Required:	Replace the cost and the ceiling in the kitchen to the the then the the the then the the the then the	The certing tiles inside of the pitchen and have stains. Replace the soft and the certing in the kitchen to the the soft years. Corrective Action Required:	The cashing tites inside of the partition of old and discolor and have crains. Replace the court and the ceiling in the kitchen prior to the the land year. Replace the low school year. Corrective Action Required: D No 18 Year.	The roof of the kitchen is still I calling water anto the certing and equipment. The conting to be replaced in full instead of 50%. MID The certing times inside of the pitchen are old and distalling and have grains. Replace the roof and the ceiting in the kitchen prival to the John 2019 School Years. Corrective Action Required: O No of Years. Corrective Action Required: O No of Years.	DESCRIPTION OF VIOLATION IPLAN OF CORRECTION The roof of the kitchen is still leading water anto the ceiling and equipment. The ceiling titles inside of the kitchen are old and distalds and have crains. And have crains. Replace the roof and the ceiling in the kitchen proof to the the Tols- 2019 School Years. Corrective Action Required: O No BY Years. Corrective Action Required: O No BY Years.

TOWN OR CITY OF_	Chelmsford	

Massachusetts Department of Public	Health								
Division of Food and Drugs									
FOOD ESTABLISHMENT INSPECTION REPORT									
Name South Row School	Date Type of Operation(s) Food Service	Type of Inspection							
Address 250 South Rend Boston Rd	Risk	Re-inspection							
Telephone	Level Residential Kitchen Mobile	Previous Inspection Date:							
Owner Town of Chelms-ford	HACCP Y/N Temporary	Pre-operation							
Person in Charge (PIC)	Time Caterer Bed & Breakfast	Suspect Illness General Complaint							
Inspector mark language	In: 11. 20	HACCP							
Each violation checked requires an explanation on the narrative page(s) and a citation of specific provision(s)									
Trending.		specific provision(s) Non-compliance with:							
Violations Related to Foodborne Illness Interventions and	Risk Factors (Red Items) Anti-ch								
Violations marked may pose an imminent health hazard and reaction as determined by the Board of Health.		o 590,009 (F) n Awareness 590,009 (G)							
FOOD PROTECTION MANAGEMENT	☐ 12. Prevention of Contamination from	ı Hands							
1. PIC Assigned / Knowledgeable / Duties	☐ 13. Handwash Facilities								
EMPLOYEE HEALTH 2. Reporting of Diseases by Food Employee and PIC	PROTECTION FROM CHEMICALS								
- State of the sta	☐ 14. Approved Food or Color Additives								
3. Personnel with Infections Restricted/Excluded FOOD FROM APPROVED SOURCE	☐ 15. Toxic Chemicals								
4. Food and Water from Approved Source	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)								
5. Receiving/Condition	☐ 16. Cooking Temperatures	•							
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Reheating								
7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cooling								
PROTECTION FROM CONTAMINATION	☐ 19. Hot and Cold Holding 410 400 380 1410								
8. Separation/Segregation/Protection	20. Time As a Public Health Control								
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMENTS FOR HIGHLY SUSCEPTIBLE	E POPULATIONS (HSP)							
☐ 10. Proper Adequate Handwashing	☐ 21. Food and Food Preparation for HSP								
☐ 11. Good Hygienic Practices	CONSUMER ADVISORY 22. Posting of Consumer Advisories								
Violations Related to Good Retail Practices (Blue		P							
Items) Critical (C) violations marked must be corrected	Number of Violated Provisions Re								
Immediately or within 10 days as determined by the Board	To Foodborne Illnesses Interventions and Risk Factors (Red Items 1-22);								
of Health. Non-critical (N) violations must be corrected immediately or within 90 days as determined by the Board	Official Order for Correction: Base								
of Health.	today, the items checked indicate vio	lations of 105 CMR							
23. Management and Personnel (FC-2)(590,003)	590.000/Federal Food Code. This repo by a Board of Health member or its a	ort, when signed below							
24. Food and Food Protection (FC-3)(590,004)	order of the Board of Health. Failure t	o correct violations							
25. Equipment and Utensils (FC-4)(590.005)	cited in this report may result in susp the food establishment permit and ce	ension or revocation of							
26. Water, Plumbing and Waste (FC-5)(590,006) 27. Physical Facility (FC-6)(590,007)	establishment operations. If aggrieve	d by this order, you							
27. Physical Facility (FC-6)(590,007) 28. Poisonous or Toxic Materials (FC-7)(590,008)	have a right to a hearing. Your reques	t must be in writing							
28. Poisonous or Toxic Materials (FC-7)(590,008) and submitted to the Board of Health at the above at within 10 days of receipt of this order.									
30. Other	DATE OF RE-INSPECTION: 2/28								
	-120	W 0							

Inspector's Signature: Mark Maire In	Print: Mask Masiello	
PIC's Signature Rolling	Print: KNOW DONOCOM	Page / of / Pages
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TOWN OR CITY OF_

l pag	120	iscuss	4	\perp			Ш				4		12	No.	Estat
Service	Self	ion With Po									Rile		FC-6	Code Reference	Establishment Name:
(e djike(b)	SCEVILES	iscussion With Person in Charge:												C - Critical Item R - Red Item	5
© Embargo © Emergency Suspension © Voluntary Disposal © Other:	ROH by Law to the De Voluntary Compliance o	T will dans off a casu of Corrective Action Required: O No O Yes		be shut down by the ROH,	If the roof does not get tixed and on a rainy day	The above violations must be incompliance by 2-28-19.		of mounted	The self Courses Otensils are not in compliance with	been repaired.	The Kitcher Pool is still leaking water which words	st inspection.	to commit	N OF CORRECTION	auth Rau School Date: 12/10/18 Page: 2 of 2
												\sim	8	2	

TOWN OR CITY OF _Chelmsford

V	as	sacl	านระ	etts	Departm	ent of	f Put	olic F	lealth

Division of Food and Drugs							
FOOD ESTABLISHMENT INSPECTION REPORT							
Name South Row School	Date 5/6/19	Type of Operation(s) 4 Food Service	Type of Inspection				
Address Boston Rd	Risk	Retall	Re-inspection				
Telephone	Level	Residential Kitchen Mobile	Previous Inspection Date:				
Owner Town of Chelmsford	HACCP Y/N	Temporary Caterer	Pre-operation Suspect Illness				
Person in Charge (PIC) Robin Donoghue	Time	Bed & Breakfast	General Complaint				
Inspector mark Masiello	In: 11:45 Out: 12:30	Permit No.	HACCP Other				
Each violation checked requires an explanation on the violated.	narrative pag	e(s) and a citation of	specific provision(s				
Violations Related to Foodborne Illness Interventions and			Non-compliance with:				
Violations marked may pose an imminent health hazard and raction as determined by the Board of Health.	equire immediat	te corrective Tobacc	hoking 590,009 (E) 590,009 (F) an Awareness 590,009 (G)				
FOOD PROTECTION MANAGEMENT	12. Preve	ention of Contamination from	m Hands				
1. PIC Assigned / Knowledgeable / Duties	<u> </u>	lwash Facilities					
EMPLOYEE HEALTH	_	PROTECTION FROM CHEMICALS					
2. Reporting of Diseases by Food Employee and PIC	☐ 14. Appr	oved Food or Color Additives	8				
3. Personnel with Infections Restricted/Excluded	_	☐ 15. Toxic Chemicals					
FOOD FROM APPROVED SOURCE 4. Food and Water from Approved Source	TIME/TEMPE	TIME/TEMPERATURE CONTROLS (Potentially Hazardous Foods)					
5. Receiving/Condition		ring Temperatures	,				
☐ 6. Tags/Records/Accuracy of Ingredient Statements	☐ 17. Rehe	pating					
☐ 7. Conformance with Approved Procedures/HACCP Plans	☐ 18. Cool	ing /3	130 144				
PROTECTION FROM CONTAMINATION	19. Hot a	and Cold Holding — 10°4	64 28 38°0				
8. Separation/Segregation/Protection	☐ 20. Time	As a Public Health Control					
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	NTS FOR HIGHLY SUSCEPTIBL	E POPULATIONS (HSP)				
☐ 10. Proper Adequate Handwashing	21. F000	and Food Preparation for H	SP				
11. Good Hyglenic Practices	CONSUMER A	ADVISORY ng of Consumer Advisories					
Violations Related to Good Retail Practices (Blue	Manahara	6 Violeta d Danvielana D					
Items) Critical (C) violations marked must be corrected		Number of Violated Provisions Related To Foodborne Illnesses Interventions					
Immediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected		Factors (Red Items 1-22)					
immediately or within 90 days as determined by the Board	Official Or	der for Correction: Base	ed on an inspection				
of Health,	590.000/Fe	items checked indicate vid deral Food Code. This rep	plations of 105 CMR				
23. Management and Personnel (FC-2)(590,003)	by a Board	of Health member or its a	agent constitutes an				
24. Food and Food Protection (FC-3)(590,004)	order of the	e Board of Health. Failure s report may result in sus	to correct violations				
25. Equipment and Utensils (FC-4)(590.005)	the food es	stablishment permit and c	pension or revocaποη ο essation of food				
26. Water, Plumbing and Waste (FC-5)(590.006) 27. Physical Facility (FC-6)(590.007)	establishm	ent operations. If aggrieve	ed by this order, you				
28. Poisonous or Toxic Materials (FC-7)(590.008)	nave a righ	t to a hearing. Your reque tted to the Board of Health	st must be in writing				
29. Special Requirements (590.009) 30. Other	within 10 d	ays of receipt of this orde E-INSPECTION:	r.				
Inspector's Signature: Mach Marie Marie	M. de l	m					
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FORM 734A AM SHEKIN GO CHARLESTOWN WA	Robin I	Duckey	ragePages				